COMPLAINT FORM

DATE OF COMPLAINT: _____

COMPLAINT REGARDING: _____
_____
_____

FILE COMPLAINT BY LOCATION OF PROBLEM IN BINDER

NAME, ADDRESS AND PHONE OF COMPLAINTANT

NAME: _____

ADDRESS:_____

CALL BACK NUMBER: _____

RESPONSE TO COMPLAINTANT

RECORD DATE AND ANY INFORMATION REGARDING WHO AND HOW PROBLEM IS BEING HANDLED.

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