COMPLAINT

File No. _____

Complaint No. _____

Complainant   **Complaint in Conjunction With:**

Name:_____   Name:_____

Address: _____   Address: _____
                                                         Legal: _____
Phone No. _____   Phone No.:_____

NATURE OF COMPLAINT

_____
_____
_____
_____
_____
_____

Taken By: _____ **Date:**_____

Referred to: _____ **Date:**_____

Referred By: _____

Action Taken _____ **Date:**_____

_____
_____
_____
_____
_____
_____
_____