



## COMPLAINT FILING FORM

Date filed: \_\_\_\_\_

Name of person(s) complaint is being filed against: \_\_\_\_\_

\_\_\_\_\_

Location of complaint: \_\_\_\_\_

\_\_\_\_\_

Date and time incident(s) occurred: \_\_\_\_\_

\_\_\_\_\_

Witnesses present: \_\_\_\_\_

\_\_\_\_\_

Nature of the complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Steps taken to resolve the situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person filing complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_