

# COMPLAINT FORM

COMPLAINANT:      NAME: \_\_\_\_\_  
                          ADDRESS: \_\_\_\_\_  
                          PHONE: \_\_\_\_\_      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADDRESS (DIRECTIONS): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYEE RECV. COMPLAINT: \_\_\_\_\_ ASSIGNED: \_\_\_\_\_ PROPERTY ZONED: \_\_\_\_\_

DATE	TIME	INVESTIGATION FACTS

DATE	TIME	COMPLAINT FOLLOW - UP

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_      DATE CLOSED: \_\_\_\_\_