

COMPLAINT FORM

Name of person filing this complaint: _____

Address: _____

Statement involves complaint against whom: _____

Please state your specific complaint or complaints. Please describe in detail the events surrounding the complaint against the above-named person. Please include dates, times, locations, persons present, substance of statements, and conversations, etc. Please be as factual as possible. If you must express an opinion, please make it clear that you are doing so. Attach additional pages if necessary. _____

Please refer us to any persons having personal knowledge of the facts stated in this complaint.

Please state the individual harm alleged and identify the person or persons alleged to be harmed, if other than yourself.

Please state what specific relief or resolution you are requesting.

Please attach copies of any written documentation that may assist us in resolving this complaint.

Note: When you are finished, please reread your statement in its entirety. Make any necessary changes and initial those changes. Then initial each additional page in the bottom right-hand corner. Sign and date below.

“I affirm that the above statement is the truth to the best of my knowledge.”

Your Name (Please Print)

Signature
Person making complaint

Date

Signature
Person receiving complaint

Date