



COMPLAINT FORM

All complaints against other individual(s) must be submitted on this form. Verbal complaints and incomplete complaints via text or email will not be acted upon. Management will attempt to determine the validity of this complaint using the information provided and may contact you for additional information. Management is not obligated to disclose if any action has or will be taken against the individual(s).

Your Name: _____

Your Address: _____

What is the nature of your complaint? _____

What individual(s) is the complaint directed toward? _____

When did the incident occur? _____

Is this the first time the incident occurred? Y or N

Is this your first time reporting the incident to management? Y or N

Have you had any direct or indirect contact with the individual(s) about this incident? Y or N

If so, describe the contact: _____

Have you had any prior contact with the individual(s) about any other incident? Y or N

If so, describe the contact: _____

How do you believe that this incident has violated your rights? _____

Have you notified the police? Y or N

Did the police respond? Y or N

Did the police issue a citation? Y or N

Are there any other witnesses to this incident? Y or N

If so, name here: _____

Do you hold any prejudice against the individual(s)? Y or N

If called upon to testify under oath, would you testify to the same things you have stated above? Y or N

I declare that to the best of my knowledge that the foregoing is true and correct.

Signature

Date