

COMPLAINT REPORT

41-016 (Rev. 2/01)

DATE SUBMITTED	TIME
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WHERE	LOCATION WHERE THE PROBLEM/COMPLAINT OCCURRED
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ADDRESS	TELEPHONE NO.
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CITY	COUNTY
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WHEN	DATE	TIME
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WHAT	DESCRIBE COMPLAINT IN DETAIL:
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WHO ASSISTED YOU AT THE LOCATION	DESCRIBE THE PERSON						
	NAME						
	SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR	EYE
	DISTINGUISHED CHARACTERISTICS						

WHO DID YOU COMPLAIN TO AT THE LOCATION	PERSON AND DESCRIPTION						
	NAME						
	SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR	EYE
	DISTINGUISHED CHARACTERISTICS						

HAVE YOU CONTACTED ANY OTHER AGENCY, CONSUMER OR LEGAL? YES NO

IF YES, WHO:

IF WE CONTACT THE BUSINESS, DO YOU WANT YOUR NAME KEPT CONFIDENTIAL?
 YES NO

WOULD YOU LIKE TO BE INFORMED WITH THE RESULT OF OUR INVESTIGATION/ACTIVITIES?
 YES NO

IF YES, PLEASE FILL OUT	NAME:		
	ADDRESS:		
	CITY	ZIP	
	TELEPHONE NO.	E-MAIL	FAX