

# CAASTLC

*Community Action Agency of St. Louis County, Inc.*

## CUSTOMER/PUBLIC COMPLAINT FORM

PERSON FILING COMPLAINT: \_\_\_\_\_ DATE: \_\_\_\_\_

WHERE MAY YOU BE REACHED: Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

EXPLAIN NATURE OF THE COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED REMEDY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESPONSE #1: (Level-line staff) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESPONSE #2: (Level- Executive Director) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESPONSE #3: (Level- Board of Directors) \_\_\_\_\_

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