



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) _____
