

VAN CLEAVE PLACE COMPLAINT REPORT FORM

Today's Date: _____

COMPLAINANT:

Name: _____

Address: _____

Phone Number: _____

Offending Party:

Name: _____

Address: _____

Give date and time of incident: _____

Set forth in detail the situation about which you are complaining with circumstances and names & addresses of any witnesses present:

SIGNATURE

Sign the complaint and turn it in at the office, fax it to the office, or hand it to an employee. **No action will be taken unless this form is signed.**

FAX #: 271-0880