

Providing solutions through regional cooperation.

Complaint Intake Form

Complainant's Name: _____ Complainant's Phone Number: _____

Complainant's Address: _____

County where incident occurred: _____

Date of Incident: _____ Date Complaint Submitted: _____

Complaint: Check all that apply:

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Services Provided | <input type="checkbox"/> Services Not Provided | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employee Actions | <input type="checkbox"/> Policy Decisions | |

Who/What is the Subject of Complaint: _____

Complaint Details:

Witness Details:

Name: _____ Phone Number: _____

Address: _____

How would you like this resolved?

Signature

Date

Received By: _____ Date Received: _____
