

COMPLAINT REPORT

		DATE SUBMITTED	TIME
WHERE	LOCATION WHERE THE PROBLEM/COMPLAINT OCCURRED		
BUSINESS NAME			
ADDRESS			TELEPHONE NO.
CITY		COUNTY	
WHEN	DATE	TIME	
WHAT	DESCRIBE COMPLAINT IN DETAIL:		

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