

**COMPLAINT INTAKE FORM**

Date: \_\_\_\_\_ Program/Subject: \_\_\_\_\_

Name of complainant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Name of person completing form: \_\_\_\_\_

Description of complaint:

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Use additional paper if necessary.

Signature of person submitting complaint: \_\_\_\_\_

Complaint forwarded to: \_\_\_\_\_ Date: \_\_\_\_\_