

	Effective Date: June 8, 2021	Revised Date: June 2, 2021
	General Government	Res. No.: 175-2021
	Policy No. 200-32 Complaint Policy	

All fields are required to be completed. Incomplete forms will not be accepted.

NAME OF COMPLAINANT: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DATE OF INCIDENT: _____

PARTICULARS OF COMPLAINT:

Statement made this ____ day of _____, 20 ____.

 Signature of Complainant

Date Received: _____

How was the complaint resolved?

Date Completed: _____

 Signature of Administrative Staff