



OFFICE USE ONLY	
FORM #:	131
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

COMPLAINT FORM

Reported By: _____ **Regarding:** _____
Address: _____ **Address:** _____

Complaint:

I understand and agree that the contents of this complaint may be shown to the person about whom the complaint is made if he or she requests to see it.

By: _____
Date: _____

Action Taken:

By: _____
Date: _____