



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: _____