COMPLAINT FORM

REPORT DATE: _____ TIME: _____ AM/PM

NAME OF COMPLAINTANT: _____

ADDRESS: _____ TELEPHONE: _____

BUSINESS NAME/OWNER: _____

INCIDENT LOCATION: _____

INCIDENT DATE: _____ INCIDENT TIME: _____AM/PM

STATEMENT OF COMPLAINT:

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COMPLAINTANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

RECEIVE DATE: _____ TIME: _____AM/PM RECEIVED BY: _____

SYNOPSIS:_____

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