PUBLIC COMPLAINT STATEMENT FORM

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE NO. (If available): _____

EMPLOYEE NAME(S) (If known): _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

DESCRIPTION OF COMPLAINT (Please include any witnesses to complaint):

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Signature of Complainant

IF YOU NEED TO ADD MORE INFORMATION, PLEASE ATTACH ADDITIONAL PAPER TO THIS STATEMENT FORM. THANK YOU.