COMPLAINT FORM

NAME: _____

NAME OF CUSTOMER (if different) _____

ADDRESS: _____

Street address, apartment number (if any)

_____

City, State, Zip Code

PHONE NUMBER: _____

PLEASE DESCRIBE YOUR COMPLAINT: Include any names or dates as this may help resolve your complaint. Use the back of this form or attach additional information to describe your complaint. Feel free to ask anyone at the ADRC for help in completing this form.

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Please tell us HOW YOU WOULD LIKE TO SEE YOUR COMPLAINT RESOLVED:

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Signature_____Date_____