

# COMPLAINT REPORT

41-016 (Rev. 2/01)

DATE SUBMITTED	TIME
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<b>WHERE</b>	LOCATION WHERE THE PROBLEM/COMPLAINT OCCURRED	
ADDRESS		TELEPHONE NO.
CITY	COUNTY	

<b>WHEN</b>	DATE	TIME
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<b>WHAT</b>	DESCRIBE COMPLAINT IN DETAIL:

<b>WHO ASSISTED YOU AT THE LOCATION</b>	<b>DESCRIBE THE PERSON</b>						
	NAME						
	SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR	EYE
	DISTINGUISHED CHARACTERISTICS						

<b>WHO DID YOU COMPLAIN TO AT THE LOCATION</b>	<b>PERSON AND DESCRIPTION</b>						
	NAME						
	SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR	EYE
	DISTINGUISHED CHARACTERISTICS						

HAVE YOU CONTACTED ANY OTHER AGENCY, CONSUMER OR LEGAL?     YES     NO

IF YES, WHO:

IF WE CONTACT THE BUSINESS, DO YOU WANT YOUR NAME KEPT CONFIDENTIAL?  
 YES     NO

WOULD YOU LIKE TO BE INFORMED WITH THE RESULT OF OUR INVESTIGATION/ACTIVITIES?  
 YES     NO

<b>IF YES, PLEASE FILL OUT</b>	NAME:		
	ADDRESS:		
	CITY	ZIP	
	TELEPHONE NO.	E-MAIL	FAX