- **Indicates mandatory information**

THIS OFFICE WILL HANDLE A COMPLAINT ONLY IF A COPY OF YOUR COMPLAINT CAN BE SENT TO THE BUSINESS. If you do not want your complaint sent to the business, please explain:

OFFICE USE ONLY
DATE RECEIVED

Name of person submitting the report

▪ Name (please print)		
▪ Telephone number(s)	WORK ( )	RES. ( )
▪ E-mail address:		
▪ Please indicate best time and method to contact you		

Name of business being named in complaint

▪ Business Name		
Business Owner/Manager		
▪ Community where complaint took place		
Telephone number(s)	WORK ( )	RES. ( )
E-mail address:		
Mailing Address (if known)		

- **PLEASE DESCRIBE THE ISSUE: (please attach any additional pages required)**

Signature_____ Date: _____