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Complaint Form

"Information provided on this form, not including confidential health information, may be subject to disclosure pursuant to the Public Records Act."

Information about the agency receiving the complaint.

Name of the agency

Address of the agency

Today's Date

Please describe the complaint.

Time/Date when the complaint occurred.

What actions would you like taken to resolve the complaint?

Information about the complainant.

Name of individual

Address of individual

Phone number

May we leave a message?