



702 Sunset Drive • Ontario, OR 97914 • (541) 889-9167

**COMPLAINT FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint: \_\_\_\_\_

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Attach additional sheets if necessary. *(Have copies made)*

Date of Incident or Action: \_\_\_\_\_

What would you like to have happen in this matter? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

OFFICE USE ONLY

Resolved? YES / NO      Date Resolution Resolved: \_\_\_\_\_

Resolution Reached: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_