 **COMPLAINT FORM**

**\*all personal and identifying details will remain confidential**

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| Name of person making complaint :  Residential Address:  Contact Number(s):  Email Address : |
| **Complaint Details**  Date/time of incidents:  Location of incident:  Who/what is the subject of your complaint? |
| **Witness Details (if applicable)**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Complaint Outcome**  As a result of making this complaint, is there any outcome you would like? **Yes** **No** |

**Please submit to info@efryptbo.org**