 **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**