



**TOWN OF IGNACIO**  
**COMPLAINT FORM**

TODAY'S DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

DATE & TIME OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF COMPLAINT:

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Staff Section**

Action taken or answer given:

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

Is the person making the complaint satisfied?     Yes     No

Do you expect complaint to be made again?     Yes     No

Other comments:

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

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date