

HARDIN COMPLAINT FORM

DATE: _____

REPORTED BY:

Check here if you wish to remain anonymous.

Name _____

Phone _____

Address _____

COMPLAINT: *(use back of page if you need more room)*

Address _____

Below Area - For Office Use Only

Date complaint received _____ Time: _____ Staff Initials: _____

ACTION: *(use back of page if you need more room)*

Date _____

By: _____