

# FORMAL COMPLAINT FORM



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

PHONE # (Home): \_\_\_\_\_

PHONE # (Mobile): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERSON(S) THE COMPLAINT PERTAINS TO: \_\_\_\_\_

DATE & TIME INCIDENT OCCURRED: \_\_\_\_\_

WHERE INCIDENT OCCURRED: \_\_\_\_\_

WHAT HAPPENED? PLEASE GIVE A DETAILED DESCRIPTION OF WHAT WAS HEARD OR

OBSERVED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST OF OTHER WITNESSES: \_\_\_\_\_

RELEVANT ADDITIONAL

INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***\*\*\*I agree to the terms of the SAYF complaint process and I attest the information above is accurate to the best of my knowledge***

Signature \_\_\_\_\_

Please e-mail a copy of this completed form to or deliver to any board member.