

# Overnight General Complaint Form

Log# \_\_\_\_\_ Date complaint received \_\_\_\_\_ Time received \_\_\_\_\_

Name of Administrator-on-call \_\_\_\_\_

Assigned to \_\_\_\_\_

## Nature of complaint:

## Person Making Complaint/Complainant

Anonymous

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

## Complaint Information

Location information \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

## Owner's Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## Description:

## Action Taken: