



CUSTOMER COMPLAINT FORM

Date: \_\_\_\_\_

Received From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Explanation of Complaint: \_\_\_\_\_

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**For City Use Only**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Forwarded To: \_\_\_\_\_

Name / Department

REV. 04/29/13