

***Customer Complaint Form***

*Other*

*ADA Complaint*

*Choose one:*

|  |  |
| --- | --- |
| *Name of person making complaint:* |  |

|  |  |
| --- | --- |
| *Telephone Number:* |  |

|  |  |
| --- | --- |
| *Address:* |  |

|  |  |
| --- | --- |
| *Nature of complaint:* |  |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| *Results of investigation:* |  |

|  |
| --- |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| *Action taken:* |  |

|  |
| --- |
|  |
|  |

*Date complainant contacted with the results of the investigation and action taken:*

*Initials of person investigating Complaint:*