Member Complaint Form

FROM:		UAIC.
ADDRESS:		
TELEPHONE:		
SIGNATURE:		
THE NAME(S), ADDRESS(ES), TELEPHONE NUMBER(S), AND SIGNATURES OF ANY ADDITIONAL COMPLAINTANTS SHOULD BE ENTERED ON THE BACK OF THIS FORM.		
AGAINST:	NAME (Be Specific):	
	ADDRESS:	In our falors Fines
DESCRIPTION OF COMPLAINT (Be Specific):		DATE OF INCIDENT:
•		TIME OF INCIDENT:
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NOTE: THIS FORM IS FOR OUR RECORDS ONLY, WE DO NOT DIVULGE THIS INFORMATION TO ANYONE, NOR DO WE REVEAL THE NAMES OF THE COMPLAINTANT. COMPLAINTS WILL BE HANDLED AS QUICKLY AS POSSIBLE IN ACCORDANCE WITH THE PROCEDURES OUTLINED IN THE "HOUSE, GROUNDS, AND MEMBERS MANUAL".

COMPLAINTS SHOULD BE SUBMITTED WITHIN 96 HOURS OF THE INCIDENT.