

NOXON DISTRICT COMPLAINT FORM

Name: _____

Address: _____

Telephone: _____

1. Who or what is your complaint against?

2. Has this been discussed with them? **YES** **NO** If yes, please provide date(s): _____

3. DESCRIPTION OF COMPLAINT: Please include all important information such as location, names, dates, who was present, and to whom it was reported. Please use additional paper if more space is needed.

WHAT REMEDY OR ACTION do you suggest? Please use additional paper if more space is needed.

Signature: _____

Date: _____

Date Received by the District: _____