SECTION I  
(To be completed by individual filing complaint)

DATE__________________    PERSON FILING COMPLAINT__________________________________________

Employee ○ Parent ○ Donor ○ Participant ○ Vendor ○ Funding Source ○ Other ○

DESCRIPTION OF COMPLAINT______________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

PROGRAM/STAFF INVOLVED______________________________________________________________

DEPARTMENT INVOLVED (if applicable)___________________________________________________

____________________________________________________________________________________

SECTION II  
(To be completed by Park Lawn employee receiving complaint)

COMPLAINT FORM RECEIVED BY_________________________ DATE__________________________

COMPLAINT RECEIVED VIA (check one)   E-mail ○ Phone ○ Mail ○ In Person ○ Fax ○

ACTION TAKEN BY PERSON RECEIVING COMPLAINT

____________________________________________________________________________________

Do you feel additional follow-up is necessary YES_____________ NO_____________

Please specify additional follow-up action needed_____________________________________________