Complaint/Concern Intake Form

Date of this report	Date of first report/concern	Name of complainant
Date and names of any persons informed of the concern from complainant prior to official complaint.		
Full details of complaint (who, what, when, where) (add page if needed).		
Names of known witnesses		
Potential supporting evidence (e.g., emails, photos, etc.) included		☐ Yes ☐ No
Description of evidence included		

Desired / Suggested Resolution:_____

Complainant signature: _____

Complainant name (print): _____

Date: _____

This document is intended for informational purposes only and does not constitute legal, accounting, or tax advice, nor does it create an attorney-client relationship. The information provided here was based on certain federal and/or state statutes and does not encompass all applicable requirements or other regulations that may exist, such as local ordinances or case law.