

COMPLAINT FORM

Full Name of Individual:			
Type of Program:			
Name of Person Filing Complaint:			
Street Address:			
City:	State:	Zip Code:	
Email:			
Home Phone#	Fax#	Work Phone#	Cell Phone#

Name of Program		
Program Address:		Phone #
City:	State:	Zip Code:

What right, rule or regulation do you believe has been violated?

Please describe the complaint: (use additional paper if needed)
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Please describe the solution or action you believe would resolve this problem or complaint (use additional paper if needed):

Are you willing to participate in the mediation process to try to resolve your concerns? **YES** **NO**

(Signature of complainant)

Date

Phoenix-N-Peace, Inc. will agree or will not agree to participate in mediation

(Signature of Phoenix-N-Peace, Inc. Designee)

Date

Phoenix-N-Peace, Inc. was notified of the Formal Complaint on _____
Date

Signature of Initiating Party