



BROTOLOC NORTH CONSUMER RIGHTS GRIEVANCE FORM

CONSUMER NAME _____ **DATE:** _____

CURRENT PROGRAM NAME _____

PHONE: _____ **EMAIL:** _____

COMPLAINANT'S NAME AND ADDRESS: _____

(If other than consumer)

PHONE: _____ **EMAIL:** _____

BASIS FOR COMPLAINT (Cite the specific right(s) which is alleged to have been violated):

NAME OF PERSON(S) OR AGENCY AGAINST WHOM THE COMPLAINT IS FILED:

DESCRIBE THE ACTION OR TREATMENT which is alleged to have violated the consumer right(s). Include dates, times, specific individuals involved, names and addresses/ phone numbers of any witnesses. Attach additional sheets if necessary and indicate the number of attachments below.

