

BROTOLOC NORTH CONSUMER RIGHTS GRIEVANCE FORM

CONSUMER NAME	DATE:
CURRENT PROGRAM NAME	
PHONE:	EMAIL:
COMPLAINTANT'S NAME AND ADRESS:	
(If other than consumer)	
PHONE:	EMAIL:
BASIS FOR COMPLAINT (Cite the specific rig	
DASIS FOR COMI LAIVI (Cite the specific its	gin(s) which is an eged to have been violated).
NAME OF PERSON(S) OR AGENCY AGAIN	IST WHOM THE COMPLAINT IS FILED:
DESCRIBE THE ACTION OR TREATMENT right(s). Include dates, times, specific individuals any witnesses. Attach additional sheets if necessar	involved, names and addresses/ phone numbers of

DESCRIBE THE RELIEF OR SATISFACTION SOUGHT:	
NUMBER OF ATTACHMENTS:	
SIGNATURE: DATE:	
(Complainant or Complainant's Representative)	
DO NOT WRITE BELOW THIS LINE	
PROGRAM MANAGER'S RESPONSE:	