



COMPLAINT FORM

DATE: _____ TIME: _____ AM PM

YOUR LOCATION AT THE TIME: _____

DURATION OF PROBLEM: _____ Minutes Hours Other _____

DESCRIPTION OF COMPLAINT:

OTHER INFORMATION:

Wind Direction? North East South West Other _____

Wind Speed? Flag barely moves 0-5 mph Flag moves a lot 5-10 mph Flag whips + 10 mph

Other Events Related to Problem?

Source of the Problem?

Name, Company, or Address of this Source?

YOUR CONTACT INFORMATION:

Name: _____ Phone: _____

Address: _____ City: _____

Email: _____

(The names and addresses of complainants are confidential and are not divulged to anyone but District staff, except when required in litigated matters.)

District Use Only

Date Received: _____ Time _____ AM PM Received by: _____

Site Number: _____ Complaint Number: _____