

**COMPLAINT FORM
WORKSITE**

Office Use Only.

COMPLAINT DATE: _____

TAKEN BY: _____

COMPLAINT FILED AGAINST:

- Worksite Restaurant Restaurant w/bar Stand Alone Bar

Business Name/Facility: _____

Address: _____ Suite# _____

City _____ Zip _____

Contact Person(s): _____

Contact Number(s): _____

Contact Person(s) address, if different from above: _____

Hours of operation: _____

NATURE OF COMPLAINT: _____

COMPLAINANT INFORMATION:

- Anonymous Employee Patron Tenant Other _____

Complainant: _____

Address: _____ Apt/Suite# _____

City _____ Zip _____

Telephone (work): _____ (home): _____

ACTION PLAN:

Educational letter, date mailed: _____

Response letter from business, date received: _____

Refer to law enforcement, date: _____

Follow-up: _____
