

LAKESIDE OF CHARLOTTE COUNTY

RESIDENT COMPLAINT FORM

***** INITIAL CONTACT *****

RESIDENT NAME _____

PHONE # _____ DATE _____ TIME _____ AM/PM

ADDRESS PROBLEM OCCURRED _____

COMPLAINT

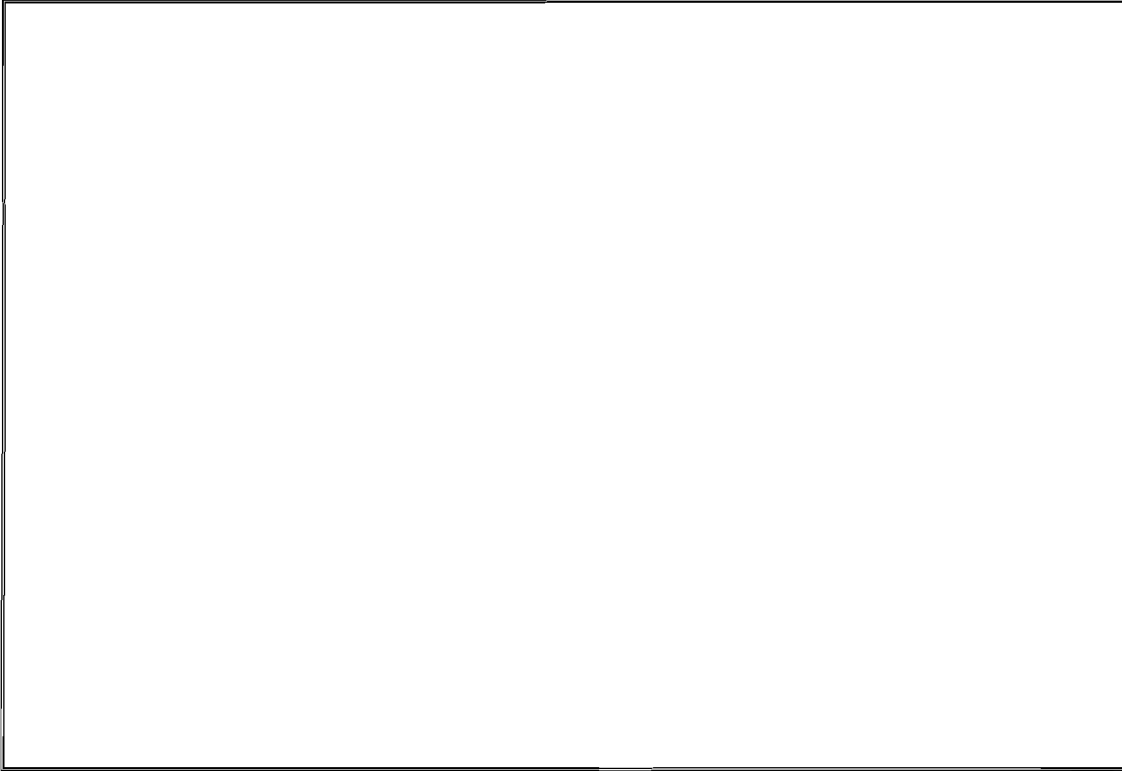
INVESTIGATION

INVESTIGATED BY _____

DATE _____ TIME _____ AM/PM

resolution on reverse side

RESOLUTION



- COPY TO COMPLAINANT
- COPY TO SUBJECT (if applicable)
- COPY TO B.O.D.
- FILE COPY