



## COMPLAINT FORM

Return via Mail, Fax or E-Mail:  
PO Box 336, Port Austin, MI 48467  
Fax # (989) 738-6744  
[trapson@airadv.net](mailto:trapson@airadv.net)

Date of complaint: \_\_\_\_\_ Time of complaint: \_\_\_\_\_ am\_\_ pm\_\_

*Complaints can be anonymous, but we may not be able to follow-up on your complaint if we do not have a way to contact you with questions.*

Does the complainant wish to remain anonymous? Yes\_\_\_ No\_\_\_

If not, please provide the following information:

Complainant's Name: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

Complainant's Phone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Date of incident: \_\_\_\_\_, \_\_\_\_\_ Time: \_\_\_\_\_ am\_\_ pm\_\_

Address where incident/complaint occurred: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Description of incident or nature of complaint: \_\_\_\_\_

\_\_\_\_\_

What action are you seeking to resolve this complaint? \_\_\_\_\_

\_\_\_\_\_

Complaint forwarded to: (Name & Dept.) \_\_\_\_\_

Date and nature of resolution: \_\_\_\_\_

Photo: Yes (Date: / / ) No

Letter: Yes (Date: / / ) No

Extension: Yes (Date: / / ) No

Ticket: Yes (# \_\_\_\_\_) No