



Complaint Form

Describe the Complaint or Issue

Complainant Information:

First Name MI Last Name Phone Number

Mailing Address: City State Zip Code Alternate Phone #

Email Address:

Provide a factual description, including dates of the complaint:

Who is the complaint against?

Describe the solution you are seeking:



Resolution

Date Complaint received: _____ Date of Decision: _____

Name of Complainant: _____

Party against whom the Complaint is filed: _____

Statement of complaints and issues related to the complaint:

Statement of Facts: _____

The Decision: _____

Signature of WDB Director

Copy to all parties

Date