| Descriptor Term: | Descriptor Code: | Issued Date: |
| --- | --- | --- |
| GENERIC COMPLAINT FORM | KACB-E | 12-1-2012 |
| | Rescinds: | Issued: |

Name of Person Filing Complaint:_____ Date:_____

Address:_____

Summary of Complaint:

If additional space is needed please use the back of this form……

If other individuals are affected by this complaint, please give their names._____

_____

_____ Dated:_____
(Complaint)

_____ Dated:_____
(Person Receiving Complaint)

Follow Up Response by Individual Receiving Complaint: