



CUSTOMER COMPLAINT
REGISTRATION FORM

SECTION I

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email: _____

Accessible Format Requirements? Large Print _____ Audio Tape _____ TDD _____

Other _____

SECTION II

Are you filing this complaint on your own behalf? Yes _____ No _____

[If you answered "yes" to this question, go to Section III.]

If not, please supply the name and relationship of the person for whom you are complaining:

Please explain why you have filed for a third party. _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.

Yes _____ No _____

