



**Business in the Streets**  
**External Complaints Policy Form**

Type of Complaint

Date: \_\_\_\_\_

Individual

Organization

Group, Coalition, or Other: \_\_\_\_\_

Details of complaint (include dates & time of occurrence, attach notes if more space required)

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\_\_\_\_\_  
Signature of person initiating the complaint

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Signature of Staff receiving complaint

Investigation Notes (attach notes if more space is required)

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Outcomes and Recommendations

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Signature of Executive Director

\_\_\_\_\_  
Date

