Business in the Streets
External Complaints Policy Form

Type of Complaint

- Individual
- Organization
- Group, Coalition, or Other: ________________________________

Date: ________________________________

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

Signature of person initiating the complaint

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