MCHA COMPLAINT FORM

Name/Address/Phone Number of individual making complaint:

I wish to remain anonymous. ☐ YES or ☐ NO

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Are you willing to testify? ☐ YES or ☐ NO

If this complaint is disputed, this information and any documents relevant to the complaint will be available for review by the party involved.

Fill out this form and leave at front desk or in the drop box.

Date of incident: _____ **Time of incident:** _____

Location: _____

Complaint: Please be as specific as possible and include all information.

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