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| Community Complaint Form |
| Name: |       |
| Address: |       |
| Telephone: |       |
| Email: |       |
| Nature of Complaint |
|       |
| Did you discuss your concern with a staff member?  | [ ]  Yes [ ]  No |
| If yes, staff member’s name: |       |
| Do you wish to be contacted regarding the outcome of this complaint?  | [ ]  Yes [ ]  No |
| How do you prefer to be contacted: |  [ ]  Telephone [ ]  Email [ ]  Mail |
| Mail form to: YVEDDI P.O. Box 309 ▪ Boonville, NC 27011 |