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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 | | | | | |