

COMPLAINT FORM

PERSONAL INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF INCIDENT

FACILITY NAME: \_\_\_\_\_

FACILITY LOCATION: \_\_\_\_\_

TYPE OF FACILITY: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

WHAT INJURIES WERE SUSTAINED?: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHY DO YOU THINK THE INCIDENT OCCURRED?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW DO YOU THINK YOUR COMPLAINT SHOULD BE RESOLVED?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE MAIL THIS FORM TO:  
  
YONIGOTTESMAN.COM  
C/O CAPPELLO & NOËL  
831 STATE STREET  
SANTA BARBARA, CA 93101