

**REGIONAL EMERGENCY DISPATCH CENTER  
COMPLAINT FORM**

---

<b>Name of Agency:</b> _____	
<b>Name of Complainant:</b> _____	
<b>Address:</b> _____	
<b>Phone:</b> _____	
<b>Date &amp; Time of Incident:</b> _____	
<b>Employee(s) Involved:</b> _____	
<b>Nature of Complaint:</b>	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

\_\_\_\_\_  
**Complainant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Complaint Received By**

\_\_\_\_\_  
**Date**

