COMPLAINT FORM

☐ PLEASE CHECK AREA OF COMPLAINT/COMPLAINTS:

☐ Classroom (#____)    ☐ Fellowship Hall    ☐ Old Fellowship Hall    ☐ Sanctuary

☐ Men's Restroom    ☐ Women's Restroom    LOCATION: __________________________

☐ Boardroom    ☐ Church Office    ☐ Deacons Office    ☐ Finance Office

☐ Hallway    ☐ Kitchen    ☐ Ministers Office    ☐ Nurses Unit Office

☐ Pastor's Office    ☐ Pastor's Study    ☐ Sound Room    ☐ Sunday School Office

☐ Trustees Office    ☐ Ushers Office    ☐ Annex Parking Lot    ☐ Church Parking Lot

☐ PLEASE CHECK SERVICE NEEDED:

☐ Custodial    ☐ Electrical    ☐ Maintenance    ☐ Plumbing    ☐ Other __________________________

☐ PLEASE DESCRIBE THE DISCREPANCY/CONDITION OF THE ABOVE CHECKED ITEMS:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

REPORTED BY: __________________________________________ DATE: ______________

RECEIVING TRUSTEE: ______________________________________ DATE: ______________

TO BE COMPLETED BY TRUSTEE MINISTRY ONLY

TO BE COMPLETED BY ASSIGNED TRUSTEE:

ACTION TAKEN: __________________________________________

________________________________________________________

COMPLETED BY: ________________________________________ DATE: ______________

APPROVED BY: ________________________________________ DATE: ______________

EMPLOYEE: ________________________________________ DATE: ______________