

COMPLAINT FORM

Date: _____

Type of Complaint

_____ Noise/disturbance

_____ Assault

_____ Children/vandalism

_____ Theft

_____ Children-Curfew

_____ Threats

_____ Harassment

_____ Other criminal

Has this been reported to a police agency? _____ Yes _____ No

If yes, which agency? _____ When? _____

Who reported it? _____

Was a formal complaint filed? _____ Yes _____ No

Brief description of complaint _____

Name of Person Taking Complaint

Name

Address

Signature of Person Making Complaint

Follow-up – To be completed by AHA staff:

FORMULARIO DE QUEJA

Fecha: _____

Tipo de Queja

_____ ruido/disturbio

_____ asalto

_____ niños/vandalismo

_____ robo

_____ niños/hora de cierre

_____ amenazas

_____ hostigamiento

_____ otro

Ha sido reportado a la agencia de policía? _____ Si

_____ No

Breve descripción de la queja _____

Nombre de la persona recibiendo la queja

Nombre

Dirección

Firma de la persona dando la queja

Follow-up – To be completed by AHA staff:

