



MARSHALL COUNTY COMMUNICATIONS COMMISSION

COMPLAINT FORM

Contact Information:

Name: _____ Agency: _____

Address: _____

Phone: _____ Email: _____

Incident Information:

Date of Incident: _____

Time of Incident: _____

Complaint/Concern (please provide as much detail as possible):

Complainant Signature: _____ Date/Time: _____

Staff Receiving Complaint: _____ Date/Time: _____