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## COMPLAINT FORM

### COMPLAINANT INFORMATION (Optional):

(PLEASE PRINT)

Name: \_\_\_\_\_

Address: \_\_\_\_\_, Medina, OH 44256

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### COMPLAINT FILED AGAINST:

(PLEASE PRINT)

Name: \_\_\_\_\_

Address: \_\_\_\_\_, Medina, OH 44256

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### NATURE OF COMPLAINT:

(PLEASE PRINT)

(ATTACH ANY DOCUMENTATION TO THIS FORM)

### OFFICE USE ONLY:

COMPLAINT ROUTED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

DISPOSITION OF COMPLAINT: \_\_\_\_\_