



1201 Broad St., P.O. Box 286, Milliken, CO 80543 (970) 587-2772 • Fax (970) 587-8522

COMPLAINT & COMMENDATION FORM

Name of Person: _____

Address: _____

Home Phone: (____) _____ Mobile Phone: (____) _____ Work Phone: (____) _____

Location of Incident: _____

Nature of Incident: _____

Date of Report: _____ Time of Report: _____

Suggested Solution: _____

Signature of Person Making Report

Date

Time