

# Complaint Form

Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Describe Incident/Complaint:

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What do think should be done and by whom or what you would like to be done and by whom?

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What have you done about the Incident/Complaint to date?

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Your Name and address: \_\_\_\_\_

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(Please print)

Phone Number: \_\_\_\_\_

Signature of Person Making Complaint: \_\_\_\_\_

Please return this form to:   BHVA  
30 Golfside Circle  
Canandaigua, NY 14424

Please use back of form or additional pages if necessary.

BHVA Follow-Up:

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