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COMPLAINT RECORD

Account #: _____ Date: _____ Time: _____ AM/PM

Complaint made by: _____

Address: _____ Telephone: _____

Nature of Complaint: _____

Location of Complaint: _____

Witness: _____ Date: _____

Complaint taken by: _____ Date: _____

FIELD REPORT

Person Investigating: _____

Date: _____ Time: _____ AM/PM

Conditions Found: _____

Actions Take: _____

Signature: _____ Date: _____

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