

**COMPLAINT FORM**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Nature of complaint (include date, names of people involved if known, etc.):**

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**Action requested:**

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**Signature of complainant:** \_\_\_\_\_

**Action taken by La Familia:**

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**Signature of La Familia Representative:** \_\_\_\_\_

**Complaint was resolved** [  ]  
**Complaint was not resolved** [  ]

**Signature of complainant:** \_\_\_\_\_

**If complaint not resolved, Chief Executive Officer's response:**

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**Signature of Chief Executive Officer:** \_\_\_\_\_