



MARSHALL COUNTY COMMUNICATIONS COMMISSION

COMPLAINT FORM

Contact Information:

Name: _____ Agency: _____
Address: _____
Phone: _____ Email: _____

Incident Information:

Date of Incident: _____	Time of Incident: _____
Complaint/Concern (please provide as much detail as possible): 	

Complainant Signature: _____ Date/Time: _____

Staff Receiving Complaint: _____ Date/Time: _____