

COMPLIMENT/COMPLAINT FORM

Compliment Complaint

DATE: _____ TIME: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: () _____

COMPLIMENT/COMPLAINT: _____

SIGNATURE: _____

For North Township Trustee Office Use Only

Follow-Up: _____ Written response to client *(attach a copy of written response to this form)*
 _____ Verbal response to client *(provide a written summary and attach to this form)*
 _____ Other *(provide written explanation of action and attach to this form)*

Distribution: Trustee _____ Chief Deputy _____ Dir. of Op. _____ DAR Director _____
Employee _____ Employee File _____ Other _____ Date _____ NTTO Respondent _____

UPON REQUEST

Compliment / Complaint form available in alternate format.
Assistance with completing Compliment / Complaint form provided.

SUBMIT YOUR COMPLIMENT/COMPLAINT

Completed forms can be submitted to any Dial-A-Ride Driver, faxed to (219) 937-4412, e-mailed to siskaj@ntto.net, or post mailed to 5947 Hohman Avenue, Hammond, Indiana with attention to: Jerry Siska.