



27210 College Road • Centralia, IL 62801 • (800) 642-0859 • (618) 545-3000 • Fax (618) 545-3393

Complaint Information Form

Today's Date _____

Contact Information for the Person Filing the Complaint

Name _____ Date of Birth or KC ID _____
(Last) (First) (MI)

Address _____ Date Incident Occurred _____
(Street Address) (Complaint must be filed within 20 working days of this date)

_____ Preferred Telephone # _____
(City) (State) (Zip)

Name and Title of the Person(s) Involved in the Complaint _____

NOTE: Please be aware that when investigating this complaint the names and the basis for the complaint must be shared with the individual(s) involved in the complaint.

Basis for the Complaint: (Please Print in the Space Provided Below)

- Please provide the following information regarding the person, situation, or process involved below: **what** happened, **when** it happened, **where** it happened, **who** was involved, **why** it happened, **how** it happened and the names of any witnesses. **(Please feel free to attach additional pages if necessary.)**
- It is important to *be as specific as possible* when providing this information.

NOTE: THIS SECTION MUST BE COMPLETED
Please describe the action already taken to resolve this situation:

(Please return the completed form to the Complaint Officer at the address shown at the top of the form.)

