Aging and Disability Resource Center
ADRC of Door County

COMPLAINT FORM

To help us ensure that we understand your complaint and can respond promptly, please complete this form and return to the ADRC.

YOUR NAME: _____

NAME OF CUSTOMER (if different): _____

YOUR ADDRESS: _____

Street address, apartment number (if any)

_____

City, State, Zip Code

YOUR PHONE NUMBER: _____

PLEASE DESCRIBE YOUR COMPLAINT:
Please be as specific as you can. Include any names or dates as this may help resolve your complaint. You can attach additional information on a separate piece of paper to describe your complaint. You can also ask the ADRC for help in completing this form.

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Please tell us HOW WOULD YOU LIKE TO SEE YOUR COMPLAINT RESOLVED:

Signature _____ **Date** _____

Please return to: **Aging and Disability Resource Center of Door County**
421 Nebraska St.
2nd Floor
Sturgeon Bay, WI 54235
(920)746-ADRC (2372)