



Customer Complaint/ Comment Form

1. Name (Complainant):	
2. Phone:	3. Email:
4. Home Address (Street, City, State, Zip)	
5. Basis of Complaint/Comment	Evaluation of Complaint/Comment
<ul style="list-style-type: none"> <input type="radio"/> Customer Service <input type="radio"/> Service <input type="radio"/> Maintenance <input type="radio"/> Compliance <input type="radio"/> Security <input type="radio"/> ADA 	
6. Explain as briefly and clearly as possible your specific complaint/comment. Use the back of this sheet or attach additional sheets as needed. Also, attach any additional pertinent information.	
7. How can this be resolved to your satisfaction:	
Signature of Complainant:	Date:
Received by:	Date:

Two options to submit form:

U.S. Mail: Mail feedback to:
Concho Valley Council of Governments
Attn: CVEDD
5430 Link Rd.
San Angelo, TX 76904

Electronic Mail: Email CVEDD at
erinm@cvcog.org