



# CUSTOMER COMPLAINT FORM

117 S. Main St.  
Fayette, MO 65248

Date \_\_\_\_\_

Received from: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*Explanation of Complaint:* \_\_\_\_\_

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***For City use only***

|               |       |
|---------------|-------|
| Date Received | _____ |
| Received by   | _____ |
| Forwarded to  | _____ |