

Date or dates of these incidents: _____

Witness(es), if any:

Solution Participant is looking for: _____

By my signature below, I declare this complaint is true and correct to the best of my knowledge and belief

Participant Signature: _____ Date: _____

Mail to:
Community Action, Inc
Attn: Equal Opportunity Officer
20 Eclipse Center
Beloit, WI 53511

Other contact information:
Phone: 608-313-1300
E-mail ljones@community-action.org