



# Indian Valley Community Services District

*“Providing services for our community health, well-being, and prosperity.”*

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## Board of Directors

Lee Anne Schramel  
Sarah Holcomb  
Philip Shannon  
Robert Heard  
Mina Admire

CUSTOMER COMPLAINT FORM:      DATE: \_\_\_\_\_

COMPLAINANT: \_\_\_\_\_ ACCT.# \_\_\_\_\_

CONTACT TELEPHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NATURE OF COMPLAINT: PERSON TAKING COMPLAINT: \_\_\_\_\_

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RESULTS OF INVESTIGATION: PERSON INVESTIGATING COMPLAINT: \_\_\_\_\_

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ACTION TAKEN: PERSON TAKING ACTION: \_\_\_\_\_

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PUBLIC RELATIONS COMMITTEE NOTES: DATE RECEIVED: \_\_\_\_\_

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