



LCCS Complaint Form

For assistance in resolving a problem, please complete the following form and submit it to:

Grievance Committee, LCCS, 1450 E. Joliet Street, Crown Point, IN 46307

The staff of LCCS will be happy to assist you in completing this form if necessary.

Alternate formats of this form are available upon request.

Please submit your form within 60 days of the problem occurring.

Name of Person Filing Complaint: _____

Address: _____

Phone: _____ Date: _____

Specifics of Complaint-----

Date Occurred: _____ Time of Day: _____

Employee Name (if applicable): _____

Vehicle # (if applicable): _____ Location: _____

Customer Name (if different from above): _____

Nature of Complaint (use additional sheets if necessary): _____

Signature of Person Completing Form

For Office Use Only-----

Date Form Received: _____ Date From Forwarded to Grievance Committee: _____

Resolution: _____
