

COMPLAINT and SUGGESTION FORM

Thank you for supporting the Washington State Combined Fund Drive! We're continuously looking for ways to improve our program and want to hear from you. Please complete the fields below to let us know what you'd like to see us change or issues you'd like us to address.

Please print clearly. If you choose to remain anonymous, please fill in your agency only. Name: Agency: Email: Work Phone: Please select the box that best describes your concerns. Complaint (needs action) Suggestion (needs action) Suggestion (needs no action) Complaint (needs no action) Please complete the following fields regarding your complaint or suggestion. Who/What is your complaint Date of Occurrence: or suggestion about? Work Phone: Email: Complaint or Suggestion Description: **CFD Internal Use** Date Received: CFD Staff Name and Signature: Statute Violated: Suggested Resolution: Attorney General Date Contacted: Contact Method: Contact Name, Email and Phone: CFD Contacted Filer Date: Form Number: Complaint/Suggestion Resolved? CFD Program Manager Signature and Date:

If you have questions, feel free to contact the CFD state office at (360) 902-4162 or cfd@sos.wa.gov.

Please sign and return this form to the CFD state office at: PO Box 40250, Olympia, WA 98504 (Mail Stop #40250)