



SERVING COLORADO | KANSAS | NEBRASKA | OKLAHOMA

## APPLICANT OR SUPPLIER COMPLAINT FORM

### APPLICANT OR SUPPLIER INFORMATION

Name:

Phone Number:

Email:

### INCIDENT

Persons Involved:

Date of Incident:

Please describe what occurred, including verbal statements (i.e., threats, requests, demands, etc.), where it took place, the individuals involved, and what, if any, physical contact was involved. Attach additional pages, as necessary.

Were there any witnesses to this specific event? If so, who?

Do you know of any documents that may be relevant to this matter?    **Yes**    **No** (If yes, please attach documents.)

Have you discussed this with anyone else?    **Yes**    **No** (If yes, please provide their names.)

This complaint is based upon my honest belief that the incident detailed herein occurred as described. I hereby certify that the information I have provided is true, correct and complete to the best of my knowledge.

### SIGNATURES

Applicant or Supplier

Date

HRI

Date