



Customer Complaint Form

117 E. Wasson Avenue, Gail, Texas 79738 • (806) 756-4391 • bordencj@poka.com

Date of Report: [..]

Time of Report: [..]

Reported by: [..]

Account Number: [..]

PLEASE CHECK ALL THAT APPLY

Commercial Owner/Landlord

Residential Rent/Lease

LOCATION OF INCIDENT:

COMPLAINT

Complainant's Name: [..]

Complainant's Phone Number: [..]

Complainant's Address:

[..]	[..]	[..]
Street/PO Box	City	State

Nature of complaint:

Signature

[..]
Printed Name

[..]
Date

FOR OFFICE USE ONLY

Report issued to: [..]

Date issued: [..]

Date completed: [..]

Work performed by: [..]

Assisted by: [..]

Work performed:

EMAIL

PRINT