



Customer Complaint Form

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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