

WEATHERIZATION CLIENT COMPLAINT FORM

Client name: _____

Client ID# _____

Complaint received by: _____

Date Received: _____

Description of Concern/Complaint: _____

I agree that this is an accurate description of the concern/complaint.

Client Signature

Date

Service Provider Representative Signature

Date

Resolution or Correction:

The corrections as described above have been completed and are satisfactory.

Client Signature

Date

Service Provider Representative Signature

Date