

PROVIDER COMPLAINT FORM

Two options for providing this information:

Date/Time: _____

- 1) Fill in the complaint form and hit "Email Form" or
- 2) Print, complete the form, and mail to:

Trumbull County Senior Levy Services
2931 Youngstown Rd., S.E.
Warren, Ohio 44484

(If your complaint is urgent, please call (330) 675-7846, leaving a message if the call is not answered. The Senior Levy Administration office is not occupied on a daily basis; therefore, a message may need to be left on the answering machine. A cell number is available as instructed on the answering machine message.)

Complainant's Name: _____

Address: _____

Date of Complaint: _____

Phone Number where you can be reached: _____

Best time to call: _____

Service Provider of which this complaint is regarding: _____

Direct Name of Service Provider if known: _____

Please fully describe your complaint or issue with the provider/personnel:

This page for Senior Levy use only.

Resolution:

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write a resolution.