

AMVETS Department of Ohio
Letter of Complaint - Official Write up Form

PLEASE CHECK ONE: Letter of Complaint Official Write-up

Date of Complaint/Write-up ____/____/____

Time of Complaint/Write-up _____

Name or Names of Individuals involved:

Place of Complaint or Offense (Check one)

Canteen Grounds District
 Dept. Other

Canteen Rule Violated (1-15) _____

Dept. CBL/UPCBL Violated
Section/Number _____

1. **COMPLAINTS:** Any complaint, no matter how trivial it may appear, will be answered within a timely manner. To make your complaint flow faster, please check the area in which your complaint is about:

Canteen/Club Room
 District Function/Venue
 Other

Post Grounds
 Department Function/Venue

2 **OFFICIAL WRITE-UP:** All official write-ups will appear before the EB/BoT. For official write ups, please check one of the following of whom this write up is about:

Post Officer (AMVET/Aux/Son)
 Bartender / Employee

Member
 Guest

3. Any complaint or write up that is not signed and dated **will not** be considered for review or action.

4. On Official Write-ups, you may be required to appear at the EB/BoT Meeting for further clarification of your write up. ***Failure to appear when requested, without notifying the board, MAY result in the dismissal of the write up.***

5. Use the reverse side of this form to fill in the details of your complaint/write-up. Attach additional sheets as necessary.

Printed Name _____ Signature _____ Date _____

Witness Name _____ Signature _____ Date _____

Witness Name _____ Signature _____ Date _____

Date Received: ____/____/____ Reviewed By _____

