



US-NYS CHAPLAIN TASK FORCE

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COMPLAINT FORM

Your Name: _____ I.D. (if applicable): _____

My Complaint is About: _____

Summary of Your Complaint:

Name/Telephone/Email of Witness(es) if Any:

**NOTE: IF YOU HAVE ANY DOCUMENTATION TO SUPPORT YOUR COMPLAINT, PLEASE
SUBMIT COPIES ALONG WITH THIS FORM. MAIL, EMAIL OR FAX TO INFORMATION ABOVE.**

Date Filed: _____ Your Signature: _____