

ALPENA COUNTY BOARD OF COMMISSIONERS  
COMPLAINT FORM  
720 W. Chisholm Street, Suite #7  
Alpena, MI 49707

Please print clearly or type information on all sections of this form. If you need help or have questions about this form, please call 989-354-9500

<b>Section 1 – INFORMATION ABOUT PERSON FILING THE COMPLAINT</b>			
If you wish to remain anonymous, skip to Section 2 - RESIDENT/PATIENT INFORMATION. If anonymous, our office will not be able to contact you to obtain additional information or reach you to notify you of the results of the investigation.			
Complainant Name:	Work Phone:	Best number to reach you between 8a-5p?	
	Home Phone:		
	Cell Phone:		
Street Address:	City:	State:	Zip Code:
Relationship to Resident:			
E-mail Address (used if more information is needed):			
<b>Section 2 – RESIDENT INFORMATION</b>			
Resident Name:		Email:	
Address:		Phone:	
<b>Section 3 – GUARDIAN/RESIDENT REPRESENTATIVE INFORMATION</b>			
Guardian or Resident Representative:	Work Phone:	Best number to reach you between 8a-5p?	
	Home Phone:		
	Cell Phone:		
<b>Section 4 – FACILITY/AGENCY INFORMATION</b>			
	City:	State: MI	
	Zip Code:		

Section 5 – INFORMATION ABOUT YOUR COMPLAINT							
Date of Problem/Incident:		Time:		<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
Do you give permission for the resident's name to be released?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>What is the complaint about?</p> <p>Attach additional sheets if necessary. Number of additional pages attached: ( )</p>							
Have you contacted the County about your complaint?		Yes	No	If yes, name of person contacted?			
		<input type="checkbox"/>	<input type="checkbox"/>				
Your Signature:				Date Signed:			

You may wish to contact the County Board Chairman or County Administrator before filing this complaint to attempt to resolve your concerns.

The County will send an acknowledgement upon receipt of the complaint and will send follow up after any investigation is completed to notify the complainant regarding the actions taken.

You may submit the completed signed form to the Alpena County Board of Commissioners Office email, mail, or fax:

Email: [commissionersoffice@alpenacounty.org](mailto:commissionersoffice@alpenacounty.org)

Mail: Alpena County Board of Commissioners Office  
720 W. Chisholm Street, Suite #7  
Alpena, MI 49707  
Attn: County Administrator

Fax: 989-354-9648