JOINT READINESS TRAINING CENTER
AND FORT POLK
PUBLIC AFFAIRS OFFICE
Civilian Complaint

Received by _____ **Date/Time**_____

Date/Time of Initial Response/Contact _____

Name of Caller _____

Address / Phone Number _____

_____

_____

Date/Time of Incident _____

Description of Complaint _____

_____

_____

_____

_____

Response _____

_____

_____

_____

_____

_____

Date Resolved / Reponded_____

Coordination _____

_____

_____