

Complaint Form

Date of visit:

Office location (county):

Who assisted you:

What happened to cause you to be dissatisfied?

(cont. on back if necessary)

Is there anything that can be done to make this right?

Name:

Address:

City, State & ZIP:

Phone:

Email:

* Please note that personal information will ONLY be used to inform you when a resolution has been reached.

What happened to cause you to be dissatisfied?

(cont. from front)

Date of visit:

Office location (county):

Who assisted you:

What happened to cause you to be dissatisfied?
(cont. on back if necessary)

Is there anything that can be done to make this right?

Please return this completed form to:

OH Dept. of Veterans Services
Attn: Operations Section
77 South High Street, 17th floor
Columbus, Ohio 43215
Fax (614) 728-9498

Name:

Address:

City, State & ZIP:

Phone:

Email: