

**Lexington-Fayette Urban County Human Rights Commission  
Customer Service Complaint Form**

Date Received \_\_\_\_\_ Date Assigned \_\_\_\_\_

Date Response Due \_\_\_\_\_

---

---

Name: \_\_\_\_\_  
                    First Name                      Middle Initial                      Last Name

Address: \_\_\_\_\_  
                                    Street Address                                      Apt. Number

\_\_\_\_\_

                    City                                      State                                      Zip Code

E-Mail Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

---

---

Staff Member Complaint Related to: \_\_\_\_\_

Summary of Complaint/Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response to Customer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_