Member Complaint Form

REMC Southeastern Indiana

Name _____ *REMC Account #* _____

Address _____ *City* _____ *State* _____ *Zip* _____

Home Phone # _____ *Mobile/Cell Phone #* _____

Nature of Complaint:

_____

_____

_____

_____

Action taken to date:

_____

_____

_____

_____

What (in your opinion) remains to be done:

_____

_____

_____

_____

Additional Information:

_____

_____

_____

_____

Member Signature _____ *Date* _____