



Please fill out this form completely.

Your name (complainant): _____

Address:

Home:

Work:

Cell:

E-mail address:

Briefly outline the *specific* details of the problem and identify when the event occurred. Please include a statement regarding the outcome desired and what you believe ABA & Breakthrough Autism can do to resolve your concern. If you have copies of documents, bills, correspondence or other items related to this problem that may help the resolution, please include them with this form. If you need more pages to describe the issue, please attach them to this form.

[illegible]

Your signature: _____

Date: _____

Please allow us 10 business days to investigate and respond to your complaint. Thank you in advance for your patience and understanding!

