



## Swasti Yoga Center

**Dr. Vikas Chothe**

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## Complaint Form

Type of Incident:

Location of Incident:

Incident Occurred –

Date:

Time: AM / PM (circle one)

Name of Employee (if known):

Description of Employee:

Sex:

Race:

Height:

Weight:

Hair:

Eyes:

Complainant's Name:

Date of Birth:

Address:

City:

State:

ZIP:

Daytime telephone number:

Witness' Name:

Address:

Daytime telephone number:

What Occurred:

Indicate what you were doing at the time of the incident. Describe, to the best of your recollection, what was said and done. Please do not speculate or guess if you do not remember. Your complaint will be reviewed and investigated in a fair and impartial manner.

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Read and sign each page

Name of officer receiving complaint

Date & Time