



Oak Lawn Park District
Summer Day Camp Complaint Form



Date: _____

Time: _____

Name: _____

Telephone: () _____

() _____

Site Location: _____

Position Held: _____

Suggestion/Compliment/Complaint (circle the one applicable): _____

Received By: _____

Date: _____ Time: _____

Complaint Referred To: _____

*****TO BE FILLED OUT BY PERSON HANDLING THE ABOVE SITUATION*****

Action Taken: _____

Sign Name: _____

Print Name: _____