



**Common Lock Box Rules
Complaint Form**

_____ Case Number (to be assigned)

_____ **COMPLAINANT**

_____ **RESPONDENT**

The complaint must be filed by an individual against an individual, NOT A FIRM. Please remember to sign and date the complaint form and any supporting documentation.

Complainant charges alleged violation of the following Common Lock Box Rules:

The charge(s) above is supported by the attached statements and documentation.

I declare to the best of my knowledge and belief, the allegations are true.

Are the circumstances to this complaint involved in civil or criminal litigation or administrative proceedings? _____ Yes _____ No

COMPLAINANT:

_____ **TYPE/PRINT NAME**

_____ **SIGNATURE/DATE**

_____ **ADDRESS**

_____ **DAYTIME PHONE**

_____ **EVENING PHONE**

Submit this form to SPAAR by email: tdouglas@spaar.com or fax: 651.774.1177