



Medical Equipment Network For Those With Disabilities

Comment	<input type="checkbox"/>
Suggestion	<input type="checkbox"/>
Complaint	<input type="checkbox"/>

Do you have a comment, suggestion, or complaint you need us to know about? If so, then please complete this form and select the SUBMIT button on the bottom of the form.

Name: _____ Date: _____

Address: _____

Telephone: _____

Please describe your comment / suggestion / complaint: _____

FOR COMPLAINTS ONLY
(Please read and sign at bottom)

I understand that any **complaint** filed with Project MEND will be fully investigated and addressed by Project MEND within a 48 hour period from the date it is submitted. I further understand and agree the final resolution and/or decision regarding my complaint resides with the Project MEND Executive Director, and I will be notified of the final resolution within 7 business days of the complaint submission date.

_____ By checking the box I acknowledge and agree to the above written statement.

NAME