Governor's Family Violence Council
Maryland Abuse Intervention Program/Complaint Report Form

Please type or print legibly in black or blue ink.

Part I – Reported By:

Agency/Program_____

a. Address: _____

_____

Person Reporting Complaint: _____

a. Title/Position: _____ b. Phone Number: _____

c. Date Reported: _____ d. Time Reported: _____

Part II – Reason For Complaint:

Brief Summary of Complaint (Please attach copies of any supporting documentation pertaining to the complaint.)

_____

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____
Complainant

Part III – For FVC Use:

Person Investigating Complaint: _____ Title/Position: _____

Action Taken:_____

_____

_____

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