

Complaint Cover Sheet



Case# 04- _____
(office use only)

Home Owner's Name _____

Address _____

City _____ Zip Code _____

Job Address (if different than above) _____

Special Directions _____

Home Phone (____) _____ Work Phone (____) _____

Mobile Phone (____) _____ Fax (____) _____

W.A.F.R.P. Member Name _____

Start Date _____ Last Day On Job _____

Was there a written contract? Yes ____ No ____

Did you hire any other Foundation Professionals? Yes ____ No ____

If 'Yes', list all of them _____

Who have you reported your complaint to in writing? _____

Is a balance being withheld from the Member? Yes ____ No ____ Amount \$ _____

Complainant _____ Date _____

Complainant _____ Date _____

Note: If you require any special accommodations, please contact the W.A.F.R.P. office, 262-827-5008. Return to: Julie Arnstein, 4590 S. Raven Lane - New Berlin, WI 53151 or fax: 262-785-6765