



Have you filed a complaint with any other federal, state, or local agencies?  Yes  
 No

If you answered yes to the above question, please provide us with the information for each agency below. If you need more space, please use the back of this form.

Agency Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Date Complaint Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Date Complaint Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Certification of Complaint:**

I affirm that the information provided is a true, complete, and accurate account to the best of my knowledge and belief. I have not omitted any relevant information, nor have I intentionally provided any information out of context relative to the denial of service.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Complainant's Signature                      Date

***Trailblazer will respond within 10 business days of receipt of this properly completed form.***

---

**For Trailblazer Use Only**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Complaint Received By:                      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Investigation Completed By:                      Date