



Customer Feedback / Complaint Form

Name of Person Completing this form: _____

Name of F/V (if applicable): _____

Phone Number: _____ Alt. Number: _____

Mailing Address: _____

Please accurately describe, in detail, your complaint and/or any feedback/suggestions that you have:

Signature: _____

Date: _____

(This portion to be completed by a member of the Port of Brookings Harbor Staff)

Complaint/Feedback Form taken by: _____
(Print Name)

Actions taken to resolve issue, as requested by the Port Manager and/or the Harbormaster:

Received & reviewed from: _____ Date: _____
(Port Manager and/or Harbormaster Signature)

Received & reviewed from: _____ Date: _____
(Port Manager and/or Harbormaster Signature)