



Oneida Nation Child Support Agency CUSTOMER COMPLAINT FORM



Customer Name: _____ Date of Complaint: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone Number: (____) _____

Incident Date: _____ Employee Name: _____

PROCEDURAL

- Locate Support Genetic Testing /Paternity
- General Case Mgt. Financials

-OR-

CUSTOMER SERVICE

Please Describe the issue:

Signature of person completing this form: _____

For Office Use Only: Date Received _____ By Whom: _____

Routed To: Supervisor _____ Area Manager: _____