

**SAWNEE ELECTRIC MEMBERSHIP CORP.
LIMITED ENGLISH PROFICIENCY (LEP) COMPLAINT FORM
(EXHIBIT "A")**

Contact Information:

Name _____

Address _____

City _____ State _____

Zip _____

Telephone: _____

Email: _____

(Internal Use)

Date Received: ____/____/____

Method Received: ____/____/____

Verbal Complaint? Y N

Name of Employee Completing
Form on Behalf of Complainant:

Complaint:

Facts and circumstances surrounding the complaint, including the date of the allegation, and the legal basis of the complaint (i.e., race, color, national origin, or LEP status):

Any names of persons, if known, whom the Cooperative could contact for additional information to support or clarify the allegations, and contact information for those persons:

Corrective action or remedy requested:

Sign the complaint in the space below. Attach any documents you believe support your complaint.

Complainant's Signature _____

Date _____

If the form is to be mailed, please send to the following address:

Sawnee EMC
LEP Compliance Officer
543 Atlanta Rd.
Cumming, GA 30040