# SMTS COMPLAINT FORM

Return Address SMTS, Inc. PO BOX 679 Fredericktown, MO 63645

Name: _____ Date: _____

Address: _____

County/Area: _____ Driver (optional)_____

Please describe existing situation giving all information (use additional space if needed):

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What is the Best solution in your opinion or alternative suggestion (use additional space if needed):

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If you are an employee of SMTS, please forward this form to your immediate supervisor. If you do not work for SMTS, then please forward this form to the Director of Operations, Human Resources and Safety. All pertinent documents should be attached. A quick resolution to the problem will be addressed as soon as possible after a thorough investigation is done. (SMTS Response will be attached).

Claimant Signature*: _____ Date: _____

Supervisor's Signature: _____ Date: _____

DOHS' Signature: _____ Date: _____