NEWS COMPLAINT FORM

Day/Date: _____ Time: _____

Received by: _____

Title of article or photo: _____

Edition: Day/date and page #: _____

Complaining party's name: _____

Telephone number: _____

Mailing address: _____

SPECIFICS OF COMPLAINT: _____

OFFICE USE ONLY

ACTION TO TAKE (Check as many boxes as apply)

☐ Need more information ☐ Follow-up story ☐ Clarification ☐ Correction

☐ Retraction ☐ No further action taken now ☐ Consult with attorney

Action due by: _____ Assigned to: _____

Approved by: _____

FILE WITH CLIPS OF ORIGINAL ITEM PUBLISHED AND ANY FOLLOW-UP. COPY TO EDITOR.

PC-81-#181-5/99-1M

©1999 Antelope Valley Newspapers, Inc. All Rights Reserved.