



CATS – Community Access TV of Silver
 213 North Bullard Street 575-534-0130
 Silver City, NM 88061 cats-communityac@qwestoffice.net



Community Access TV of Silver Complaint Form

Date: _____ Date Received by Board: _____

Name: _____

Organization: _____

Mailing Address: _____

Phone #: _____ Email: _____

Description on Complaint (please be specific): _____

(You may write your complaint on a separate document and attach it to this form and please sign the attachment.)

Board Action /Response: _____

Your complaint will be reviewed by the Board of Directors and General Manager of CATS to determine if action is necessary. A record of your complaint will be kept on file for future reference.

 Your Signature

 Date