CUMBERLAND COUNTY LME
COMPLIMENT FORM

Date: _____

Your Address: _____

City, State Zip Code: _____

Your Phone Number: _____

Program and Employee Being Complimented: _____

Comments: _____

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PRINT AND MAIL FORM TO:

Cumberland County LME
ATTN: Customer Service/Consumer Affairs Department
Post Office Box 3069
711 Executive Place
Fayetteville, NC 28302-3069

CUMBERLAND COUNTY LME
COMPLAINT FORM

Date: _____

Your Address: _____

City, State Zip Code: _____

Your Phone Number: _____

Program and Employee Complaining About: _____

Please state your complaint to include names, dates, times and location: _____

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