



Consolidated Rail System Federation

CORPORATE LODGING TRAVELER HOTEL REQUEST/COMPLAINT FORM

DATE _____

Please fill out the following information:

- 00 Hotel did not accept CLC
- 01 Poor accommodations (explain below)
- 02 Poor/limited parking (explain below)
- 03 Unsafe/No Parking (explain below)
- 04 Specific incident/accident (explain below)
- 05 New/Alternative stop needed (explain below)
- 06 Property closed/out of business
- 07 Other (explain below)

Employee _____
 Employee # _____
 Completed By _____
 Phone # _____
 Fax # _____
 Gang # _____

Hotel Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Incident _____ Room Number _____

Comments: _____

Did you address this issue with the Hotel Manager? Yes _____ No _____

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CLC Reply: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hotel # \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO:** Consolidated Rail System Federation  
 Attn: CLC Complaint  
 58 Grande Lake Drive Suite #2  
 Port Clinton, Ohio 43452-1450

**OR FAX TO:** (419) 734-7267