

## Complaint Resolution Form

DTE Pinnebog Wind Park, mail to: Wind Development Program Team  
One Energy Plaza  
Detroit, MI 48226-1279

<b>Complaint Number:</b>	<b>Date:</b>
<b>Project:</b> Pinnebog Wind Park	<b>Complainant Title:</b>
<b>Complainant Name:</b>	
<b>Complainant Signature:</b>	
<b>Complainant Address:</b>	
<b>Complainant Ph #:</b>	

<b>Description of Complaint</b>

<b>Corrective Action</b>

The undersigned agree that the subject complaint is adequately described herein and that the specified corrective action is appropriate.

Complainant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned agree that the subject complaint has been adequately resolved and that no further action is required.

Complainant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complaint Control Office Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Pinnebog Wind Park

Construction Contact

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