



COMPLAINT FORM

Consumer or community member information filing the complaint	
Name:	
Date of Complaint:	
Designation: <input type="checkbox"/> Consumer <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> other:	
Contact Info: Mailing address and telephone no.	
Complaint information: Please tell us what happened. When did it happen? Who was involved?	
Date and Time of Incident	Location:
Complaint Issues: (Use back page for additional space)	
Solutions Sought by Consumer or Community Member: (Use back space for additional space) (note the solutions the complainant is seeking to each of the issues listed above)	
Complaint Background: (brief description of client's circumstances and situation leading to complaint)	
Witness (es)	



COMPLAINT RESPONSE FORM

FOR OFFICIAL USE ONLY

Complainant Name: _____ **Date and Time of Incident** _____

Date Complaint Received: _____ **Received by:** _____

ACTIONS TAKEN		
<input type="checkbox"/> Step 1 Process	<input type="checkbox"/> Step 2 Process	<input type="checkbox"/> Step 3 Process
Date:		
Staff Involved:		
Notes:		
Outcome: <input type="checkbox"/> Resolved <input type="checkbox"/> Not Resolved <input type="checkbox"/> Next Step Date:		
Recommendation:		

Staff _____

Supervisor _____

Program Head/Administrator _____

Director: _____