

## Complaint/ Concern Form

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This form is to be completed by staff members when a person wishes to make a formal complaint. Upon receiving a complaint, staff are to record the details of the complainant, the substance of the complaint and, if they are responsible for it, the plan for its resolution. After completion, all complaint forms are submitted for review and signature to the CEO.

Complainant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Check one of the following to identify the complainant: (person submitting complaint)

Client     
  Family     
  Volunteer     
  Staff     
  Other \_\_\_\_\_

Complainee's Name: \_\_\_\_\_

Client     
  Family     
  Volunteer     
  Staff     
  Other \_\_\_\_\_

Check one of the following to summarize the nature of the complaint:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Inappropriate Worker Conduct | <input type="checkbox"/> Confidentiality Issue     | <input type="checkbox"/> Client / Staff Conflict     |
| <input type="checkbox"/> Alleged Theft                | <input type="checkbox"/> Dissatisfied with Service | <input type="checkbox"/> Staff late                  |
| <input type="checkbox"/> Not Enough Service           | <input type="checkbox"/> Volunteer / Staff         | <input type="checkbox"/> Discrimination / Harassment |
| <input type="checkbox"/> Other                        |  |  |

Complaint Details (include description on reverse)

Date of Incident: \_\_\_\_\_

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

Person taking complaint: \_\_\_\_\_

Name

Position

**OFFICE USE ONLY**

Complaint Resolution Plan and Expected Outcome: \_\_\_\_\_

Expected date for completion of outcome: \_\_\_\_\_

\_\_\_\_\_  
CEO Name

\_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

