

Complaints Form

Name of Complainant _____ **Date** _____

Person Who Received Complaint

Brief Description of Complaint

Possible Solutions Negotiated With Complainant:

Solution Chosen:

Action Plan

Action	Staff	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Outcome/Resolution

I am satisfied with the result of my complaint.

Signed _____ Date _____