CLIENT COMPLAINT REPORT



Client Name: Client #: Name of person filing complaint: Relationship to client: Relationship to client: Stude of complaint (indicate X for nature of complaint): Employee Appearance Employee Attendance/Lateness Scheduling/Staffing Delay in Service Communication with Office Clinical skills/comp./safe practice On-call Access/Response Other (specify): Description of complaint, date of occurrence and person(s) involved: Investigation Findings: Action/Resolution: Follow-up action (as needed): Date client/representative notified of resolution: Signature of person completing report: Reviewed by Director: Date:	Office:	Date of Complaint:
Relationship to client: Nature of complaint (indicate X for nature of complaint): Scheduling/Staffing	Client Name:	Client #:
Nature of complaint (indicate X for nature of complaint): Employee Appearance	Name of person filing complaint:	
Employee Appearance	Relationship to client:	
Scheduling/Staffing	Nature of complaint (indicate X for nature of complaint):	
Clinical skills/comp./safe practice On-call Access/Response Other (specify): Description of complaint, date of occurrence and person(s) involved: Investigation Findings: Action/Resolution: Follow-up action (as needed): Date client/representative notified of resolution: Signature of person completing report:	☐ Employee Appearance ☐ Employee Attitude/Demeanor	☐ Employee Attendance/Lateness
Description of complaint, date of occurrence and person(s) involved: Investigation Findings: Action/Resolution: Follow-up action (as needed): Date client/representative notified of resolution: Signature of person completing report:	☐ Scheduling/Staffing ☐ Delay in Service	☐ Communication with Office
Investigation Findings: Action/Resolution: Follow-up action (as needed): Date client/representative notified of resolution: Signature of person completing report:	☐ Clinical skills/comp./safe practice ☐ On-call Access/Response	Other (specify):
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Reviewed by Director: Date:	Signature of person completing report:	
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