



CLIENT COMPLAINT REPORT

Office: _____

Date of Complaint: _____

Client Name: _____

Client #: _____

Name of person filing complaint: _____

Relationship to client: _____

Nature of complaint (indicate X for nature of complaint):

- Employee Appearance Employee Attitude/Demeanor 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: _____