



For Field Services Use Only:

Date Received: _____
 Date Entered: _____
 By: _____

COMPLAINT RESULTS FORM

This form will accompany the Complaint Form (Gen 87) and will be completed by the manager or supervisor handling the complaint. It must be clearly outlined on this form the client's complaint and any actions taken by the agency in response to the complaint.

Date Received: _____

Name of Manager/Supervisor: _____ Title: _____

Telephone Number: _____ Office Location: _____

Name and title of employee(s) named in the complaint or with knowledge of complaint:

Details of complaint *(Include date the incident occurred):*

Action(s) taken by the agency and results:

Date review was completed: _____

Date client was notified of results: _____

Date complaint was submitted to Field Services: _____