 CLIENT COMPLAINT REPORT

Today’s Date: ____________ Time: ______ Submitted by: ________________
(Name of Employee Receiving Initial Complaint)

Complaint regarding: ____________________________ HR#: ________________ Ph: ________________
(Client Name)

1. Complaint received from:  
   ☐ Client Directly (Complete #4)  
   ☐ Another Agency (Complete #2)  
   ☐ Someone on behalf of client (Complete #3)

2. If complaint was received by another agency – Name of agency: ____________________________
   Name of Agency Representative: ____________________________ Title: ________________ Ph: ________________

3. If complaint was made by someone on behalf of client – Name: ____________________________
   Ph: ________________
   Relationship to Client: ____________________________

4. Describe concern/complaint in detail:
   ____________________________________________
   ____________________________________________
   ____________________________________________
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   ____________________________________________

   (Use other side or additional paper if more space is needed)

List all other employees who you informed of the complaint:
1. Name: ____________________________ Date/Time: __________
2. Name: ____________________________ Date/Time: __________
3. Name: ____________________________ Date/Time: __________
4. Name: ____________________________ Date/Time: __________

Signed by employee receiving initial complaint: ____________________________

☐ Immediate forwarding to Supervisor needed – Date/time forwarded: ____________ Supervisor: ________________
☐ Issue placed on case conference agenda – Date/time of meeting: ____________
☐ Client Complaint Follow-up Report initiated. Name: ____________________________ Date: ____________

Reviewed by: ____________________________ Date Reviewed: ____________
(Supervisor Signature)

Received by QA Coordinator: ____________________________ Date Received: ____________