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: _____

(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: _____