

### 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: \_\_\_\_\_