

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: _____ 01.05.00C1b (1 pg.)