

REPORTING INDIVIDUALS NAME: _____

DATE: _____ TIME: _____

RECEIVED BY [include title]: _____

1. Individual issuing complaint

☐ Client ☐ Employee ☐ Family Member ☐ Other (specify) _____

Phone _____ Email _____

2. Client Affected _____ Program / Waiver _____

3. Content of reported situation* [Include a clear description with actual wording used by person reporting. If report is in writing, attach to this form.]

4. Findings, Follow Up, Resolution Employee Name _____

5. Findings, Follow Up, Resolution* [Include names, dates, action taken, content and all communication with all parties.]

Signature of Findings, Follow-Up, Resolution Employee

* Attach additional pages if necessary to provide complete documentation

Date Resolved_____
Signature of Administrator/Back-Up after Review_____
Date Reviewed & Logged