



### COMPLAINT RECORD

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NATURE OF COMPLAINT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STAFF PERSON WHO RECEIVED COMPLAINT: \_\_\_\_\_

COMPLAINT FORWARDED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONED

FURTHER ACTION REQUIRED

NO ACTION REQUIRED

STAFF SIGNATURE: \_\_\_\_\_

ACTION TAKEN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_