



## Complaint Form

Client Name: \_\_\_\_\_ Client Phone: \_\_\_\_\_

Client Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Person Making Complaint: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Phone of Person Making Complaint: \_\_\_\_\_

Staff Member Assisting with Complaint Form (if applicable): \_\_\_\_\_

COMPLAINT:

\_\_\_\_\_  
Signature of Person Making Complaint

\_\_\_\_\_  
Date

**Forward Completed Form to Quality Improvement Director**