

COMPLAINT INVESTIGATION FORM

Received: _____ **Resolved:** _____

Day: _____ Day: _____

Time: _____ Time: _____

Report Initiated By: _____ **Referred To:** _____

Name: _____ Name: _____

Department: _____ Department: _____

Ext. _____ Date: _____ Time: _____ Ext. _____ Date: _____ Time: _____

Name of Employee Initiating Complaint: _____

NATURE OF COMPLAINT: Department: _____

INVESTIGATION FINDINGS: Date: _____ Time: _____

Comments: _____

CORRECTIVE ACTIONS: Date: _____ Time: _____

Name of person resolving problem: _____

Client satisfied: Yes No

Comments: _____

Director's Signature: _____ Date: _____