**COMPLAINT RECORD**

Name of complainant:

|  |  |  |  |
| --- | --- | --- | --- |
| Date complaint made: |  | Time: |  |

|  |
| --- |
| Summary of complaint |
|        |
| Summary of discussion: |
|         |
| Resolution sought: |
|       |
| Further action required by management? Choose an item. |

|  |
| --- |
| Planned Action |
|  |
| Employee Name: |  |
| Signature:  |  |
| Date: |  | Date Approved Provider Notified |  |