



Received by: _____ Date: _____

Complaint Form

By definition, a "complaint" occurs when the actions or opinions of agency employee(s), intern(s) or volunteer(s) are in opposition or are unsatisfactory to other agency employee(s), intern(s) or volunteer(s) or individual(s) (client, program participant, vendor, funder, donor, or member of the public). These disagreements are routinely about the methods used during implementation of programs, quality of services, or personality conflicts; whenever possible the parties involved should attempt to resolve the conflict/ complaint informally with the support of the supervisor/manager of the particular program or department.

Name: _____

Address: _____ City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

Name of assistant/advocate (if applicable): _____

Phone number of assistant/advocate (if applicable): _____

Identify specific agency program, policy, procedure, or contract in question: (may attach copies of documentation):

Brief description of alleged disagreement (activity or decision), include date if known: _____

Director- HR/Comm., initial review: _____ (Date) Complaint Meeting: _____ (Date) _____ (Time)

| | | | |
|-----------------|------------------|-----|----|
| Location: _____ | Attendees: _____ | Yes | No |
| | _____ | Yes | No |
| | _____ | Yes | No |
| | _____ | Yes | No |
| | _____ | Yes | No |

Meeting findings/ grounds: _____

COMPLAINT DETERMINATION

Date of response: _____ Date of distribution: _____

Determination / disposition of Complaint: Agree, complaint is valid Disagree, complaint is not substantiated

Proposed disposition/ compromise: _____

Initiating party: Agrees Satisfied Not Satisfied

Initiating party: _____ Date Acknowledged: _____
(Signature)

Implementation Date of Disposition/ Compromise: _____

Responsible Party for Implementation: _____
(Signature)