

Transforming one client, one family, one community at a time.

Complaint Intake Form

Complainant's Name: _____ Complainant's Phone Number: _____
Complainant's Address: _____
County where incident occurred: _____
Date of Incident: _____ Date Complaint Submitted: _____

Complaint: Check all that apply:

- Services Provided Services Not Provided Other
 Employee Actions Policy Decisions

Who/What is the Subject of Complaint: _____

Complaint Details:

Witness Details:

Name: _____ Phone Number: _____
Address: _____

How would you like this resolved?

Signature

Date

Received By: _____ Date Received: _____
