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COMPLIMENT/COMPLAINT REPORT

This report provides an opportunity for staff to document verbal complaints and compliments. Please use your best judgment as to the need for documentation. Sound documentation will assist us in better meeting the needs of county residents.

Staff person making report: _____ Phone#: _____
Date/Time Reported: _____ a.m. Reported to Whom: _____
(*coordinator & Supervisor)

Complainant's/Complimenter's Name: _____
(circle one)

Telephone Number: Day _____ Evening _____

Address: _____

Program Name and Location: _____

Program Leader's Name (if known): _____

Describe the circumstances. What did they like/not like? Date/Time Occurred:

Witness: _____

If complaint, how can we resolve? What are our options?

(Over - Coordinator's and Supervisor's Actions/Comments)

***Distribution: Give original to coordinator, make a Xerox copy and give to supervisor.**

ACTION TAKEN BY COORDINATOR/SUPERVISOR:

Date and time of return call to complainant (if applicable)? _____ a.m.

Coordinator's Comments: _____

Results: _____

Comments by leader: _____

ACTION TAKEN BY MANAGER/BUREAU CHIEF:

Supervisor's Comments/Date:

Results: _____

DEPARTMENTAL ACTION/DATE: _____
