

## **Complaint/Concern Report Form**

Name:  Person who has concern	Date:
Contact number:	
Tell us about your concern/problem	_
2 22 45 45 45 45 45 45 45 45 45 45 45 45 45	
What can we do to fix it?	
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Form updated/reviewed: June 2022

□ internal follow-up required □ external follow-up required □ follow-up completed  Comments:  Supervisor:  Manager:  Date:  Date:  To Be Completed by Management	Name of person writing this report (if differe	ent from above):	
To be completed by Supervisor  □ internal follow-up required □ external follow-up completed  Comments:  Supervisor:  Manager:  Date:  To Be Completed by Management	Contact number:		
□ internal follow-up required □ external follow-up required □ follow-up completed  Comments:  Supervisor:  Manager:  Date:  Date:  To Be Completed by Management	Relationship to the above:		
□ external follow-up required   □ follow-up completed      Comments:    Supervisor:  Manager:  Date:  Date:  To Be Completed by Management	To be completed by Supervisor		
Supervisor: Date:  Manager: Date:  To Be Completed by Management	☐ external follow-up required		
Manager: Date:  To Be Completed by Management	<b>Comments</b> :		
Manager: Date:  To Be Completed by Management			
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Manager: Date:  To Be Completed by Management			
To Be Completed by Management	Supervisor:	Date:	
	Manager:	Date:	_
Follow Up:	To Be Completed by Management		
	Follow Up:		