

Complaint/Concern Report Form

Name : _____ *Date*: _____
Person who has concern

Contact number: _____

Tell us about your concern/problem

What can we do to fix it?

Name of person writing this report (if different from above): _____

Contact number: _____

Relationship to the above: _____

To be completed by Supervisor

- internal follow-up required
- external follow-up required
- follow-up completed

Comments:

Supervisor: _____

Date: _____

Manager: _____

Date: _____

To Be Completed by Management

Follow Up: