Feedback/Complaint Form

|  |  |
| --- | --- |
| **Date:** | **Time:** |
| **Optional:** | |
| **Name** |  |
| **Home Number** |  |
| **Work Number** |  |
| Issue: (What would you like us to know?) | |
|  | |
| What would you like to happen as a result of this feedback? | |
|  | |

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| --- | --- | --- |
| |  | | --- | | **Action Taken By CCHC** | |  | |

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| --- |
| **Was Follow-up completed?** |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Signature:** |  | **Date:** |  | / |  | / |  |
| **Manager Signature:** |  | **Date:** |  | / |  | / |  |
| **Executive Director Signature:** |  | **Date:** |  | / |  | / |  |