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? |
|  |

|  |  |  |
| --- | --- | --- |
|

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

 |

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

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