

Client Complaint Unresolved Form



Client Name: _____

Service Date: _____

Reported By: _____

(Name and relationship to client - staff, neighbour, volunteer, family, etc)

Nature of Complaint (from the client's perspective)

- Unfair Treatment Service Availability Safety Risk Vol/Staff Conduct
 Billing/account Service Quality Other (*pls specify*): _____

Service Department/Description

- MW CD TR/SHOP EX FVIS SAC Other (*pls specify*):

Location of Service

- Client home Retirement home In/out of vehicle
 Community location (*pls specify where*): _____

Description of Complaint (*What happened to cause you to be dissatisfied?*)

Desired Resolution (*How can we try to make this right?*)

My response to client: _____

Staff who recorded complaint: _____

Date of complaint: _____

Note in CIMS