



REQUEST FOR SERVICE COMPLAINT REVIEW

Complainant's Name: _____

Details of Complaint: _____

Remedy Sought: _____

Date of Occurrence: _____ **Time:** _____

Consent Obtained (if required): Yes _____ No _____

Report Submitted By: _____ **Date:** _____

Report Received By: _____ **Date:** _____

Action/Outcome: _____

Complainant's response to the Decision: _____

Executive Director's Signature: _____ **Date:** _____