



CLIENT COMPLAINT REPORTING FORM

(Please complete form clearly with black or blue ink pen or type-written.)

Part A

Complainant's Name:		Name of External Agency (if applicable):
Name of PPT Staff, Volunteer or Service Delivery involved in complaint:		Title: PPT Program Area:
Name of Third-Party Completing Form (if not Complainant):		Title:

Please describe the nature of the complaint, including exact dates and times (please attach additional pages, if necessary):

Complainant Signature: _____ Date: _____

OR

Signature of Third-Party Completing Form: _____ Date: _____

PART B

Complaint Received by Executive Director/Chair of the Board on: _____

Recommended Plan of Action:

Describe Resolution Process:

(Please attach all documentation related to the resolution of this complaint.)

Signatures

Executive Director: _____ and/or Chair of the Board: _____

Date: _____

Reported to the Board of Directors on: _____ by (Name & Title): _____