

Client Complaint Recording 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 Sigr	nature:	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): _____