

| Client Name/Name of Caller: | Company/Patient Involved: | | |
|-----------------------------|---------------------------|--|---------------------|
| Address: | | | |
| City: | State: | Zip: | |
| Phone Number: | Best Time To Morning | ne To Contact (Circle One): g Afternoon Evening | |
| Email Address: | i | | |
| Date of Complaint: | Employee(s) Involved: | | |
| | | | |
| Description of Complaint: | | | |
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| | | (Please continue c | on back, if needed) |

For Office Use Only:

| Date Received: | Assigned To: |
|---------------------------------|--------------------------------------|
| Resolution Description: | |
| | (Please continue on back, if needed) |
| Date of Resolution: | Date Patient Notified: |
| Further Action Required? YES NO | Signed: |