

**COMPLIMENT/COMPLAINT REPORT**

This report provides an opportunity for staff to document verbal complaints and compliments. Please use your best judgment as to the need for documentation. Sound documentation will assist us in better meeting the needs of our residents.

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Staff Person Making Report: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Date/Time Reported: \_\_\_\_\_ Reported to Whom: \_\_\_\_\_

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Person's Name: \_\_\_\_\_  
Telephone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_  
Address: \_\_\_\_\_  
Program Name and Location: \_\_\_\_\_  
Program Leader's Name (if known): \_\_\_\_\_  
Describe the circumstances. What did they like/dislike? Date/time occurred: \_\_\_\_\_

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Witness: \_\_\_\_\_  
If complaint, how can we resolve? What are our options? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN:**

Date and time of return call to complainant (if applicable): \_\_\_\_\_  
Staff Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Results: \_\_\_\_\_