

DHSP COMPLAINT FORM

(All information is confidential)

Today's Date: _____ mm/dd/yr

Complainant Information:

Anonymous: Yes No If Non-English, what language? _____

Name: _____

Street Address: _____ City: _____ Zip Code _____

Phone Number: _____ Work Number: _____ Cell Number: _____

Fax Number: _____ E-mail: _____

Relationship to Client: Self Friend Family member: _____ Other: _____

Decline to state Agency Employee: _____

Client Information: (If different from complainant)

Anonymous

Name: _____

Street Address: _____ City: _____ Zip Code _____

Phone Number: _____ Cell Number: _____ Work Number: _____

Client Demographics: Age: _____ Gender: _____ Ethnicity: _____ Decline to state

Agency Information:

Name: _____ Agency Contact Name: _____

Street Address: _____ City: _____ Zip Code _____

Phone Number: _____ Fax Number: _____ Email: _____

Client discussed with agency? No Yes, Date: _____ With whom: _____

What was the outcome? _____

Confidentiality: (Complainants preference for confidentiality)

Written Communication: No written communication from DHSP May receive mail E-mail

Phone Calls: No calls No phone messages from DHSP May receive calls at: _____

Specific Instructions: _____

Remain anonymous to agency involved

