

Morgan Support Services

Complaint Information Form

Complaint Registered By: _____

In Person Phone Date: _____ Time: _____

Complaint Taken By: _____

Regarding: Person/Family _____ (Name) Staff _____ (Name)

Nature of Complaint:

Best time to call back: _____ What time is too late to call? _____

Referred to: _____ Date: _____ Time: _____

To Be Completed by Person to Whom Complaint is Referred

Name: _____

Follow-up:

No

Yes Date: _____ Time: _____ In Person Phone

Investigative Process:

Resolution/Actions Taken:

