

# Client Complaint Intake Form

Please complete this form to file a formal complaint. This document is designed for print and manual completion.

## 1. Client Information

Full Name:

Phone Number:

Email Address:

Mailing Address:

## 2. Complaint Details

Date of Incident (MM/DD/YYYY):

Location of Incident:

Name of Staff Member or Department Involved:

Description of Complaint (Provide details of the event):

## 3. Desired Resolution

What outcome or resolution are you seeking?

## 4. Signatures

Client Signature:

Date: