CONCERNS OR COMPLAINTS FORM



(Please check one) ☐ YES ☐ NO	DATE	
PARTICIPANT / COMPLAINANT NAME: (Name is optional. May choose to be anonymous)	DATE:	
ADDRESS: PHONE:		
DESCRIBE YOUR CONCERNS / COMPLAINTS:		
STAFF RECEIVING CONCERN/COMPLAINT:	DATE:	
QMCO NOTIFIED ON:QMCO SIGNATURE		
SUPERVISOR NOTIFIED:	DATE:	
PROPOSED RESOLUTION:		
☐ PROPOSED RESOLUTION ACCEPTED BY PARTICIPAN☐ PROPOSED RESOLUTION NOT ACCEPTED BY PARTIC	-	
PARTICIPANT/COMPLAINANT SIGNATURE	DATE	
WITNESS SIGNATURE	DATE	
OMCO NOTIFIED OF RESOLUTION ON DATE:		



IF UNRESOLVED: QMCO NOTIFIES:

□ UNIT	☐ PROGRAM DIRECTOR	☐ EXECUTIVE DIRECTO	DR .
COMMENTS:			
TEAM RESOLUT	TION PROPOSAL – IF INDICATED:		
EXECUTIVE DIR	ECTOR RESOLUTION – IF INDICATE	ED:	
□ RESOLUTIO	N ACCEPTED BY PARTICIPANT	DATE:	
☐ RESOLUTIO	N NOT ACCEPTED BY PARTICIPANT	DATE:	
			
☐ PARTICIPAN	IT / COMPLAINANT GIVEN TELEPH	ONE NUMBERS OF EXTER	NAL AGENCIES
PARTICIPANT /	COMPLAINANT SIGNATURE		DATE
WITNESS SIGNA	ATURE	DATE	
☐ PARTICIPANT	r / COMPLAINANT GIVEN COPY OF	FORM	
	· Γ / COMPLAINANT DECLINED COP\		