



COMPLAINT FORM

Please describe your concern or complaint:

Date of incident:

Time of incident:

Where the incident took place:

Person(s) involved:

Describe what happened:

What would you hope to have happen as a result of your complaint?

Are you willing to meet with the staff person(s)/volunteer(s) and their supervisor to try and resolve this issue, or only with their supervisor?

Staff/volunteer/supervisor _____

Supervisor only _____

In order to follow up on this complaint, we will need your name, address, or place you can be reached, and phone number, e-mail address (if you have one). This information will only be shared with those directly involved in the complaint process.

Name: _____

Address: _____

Phone #: _____

Date: _____

Please place the complaint form in an envelope, seal it and address it to: Executive Director.

Thank you for taking the time to express your complaint. We will make every effort to resolve this issue as quickly as possible.

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Actions taken to address the complaint

Resolution of the complaint

Date of completed complaint process: _____