



# Client Complaint Form

CLIENT INFORMATION			
NAME		DATE SUBMITTED	
ADDRESS		DATE & TIME OF INCIDENT	
PHONE		LOCATION	
EMAIL		WITNESS	

Describe in accurate detail the nature of your complaint:

Provide a list of names of who you reported the complaint to:

Comments from witnesses:

Describe what actions you feel can be taken to effectively deal with your complaint:

Client Signature/Date	Witness Signature/Date

*If additional space is needed, please submit with additional paper.*