

Complaint/grievance follow up form

Office use only

INFORMAL COMPLAINT/GRIEVANCE

Date received: _____ Assigned to: _____

Findings (complete within 5 business days & contact complainant with possible resolutions):

Action taken:

Further action required: _____NO _____YES

If yes, what action is recommended?

Written response sent to complainant on _____, by _____
(Signature)

FORMAL COMPLAINT/GRIEVANCE

Date received: _____

Findings (Must be related to consumer within 15 calendar days of receiving form):

Action taken:

Further action required: _____NO _____YES

If yes, what action is recommended?

Written response sent to complainant on _____, by _____
(Signature)