



Visitor Complaint/Concern Form

Date: _____

Person Registering The Complaint

First Name:
Last Name:
Address:
Daytime Phone:
Evening Phone:
Email Address:

Visitor Information (if other than the person filing the complaint)

First Name:
Last Name:
Address:
Daytime Phone:
Evening Phone:
Email Address:

Relationship to Visitor:

- Parent (child is under 16 years of age and/or for whom I am legal guardian)
- Parent, legal guardian or attorney for a dependent adult
- I am the Substitute Decision Maker for the above person
- I am a friend of the above person
- I am a neighbor/acquaintance of the above person

Details of the complaint

Provide Details of your concern including the following as appropriate/applicable
Date of Incident:
Time of Incident:
Was this regarding an appointment? <input type="checkbox"/> YES <input type="checkbox"/> No

Name of the Organization(s) involved:

Other:



What is your complaint/concern:

Describe any efforts you have made to resolve this matter:

Please describe the result or outcome that you seek:

Do you consider this matter urgent? [] YES [] NO

If yes, please explain why:

Upon submission, this document will be reviewed by our Operations Manager. We will attempt to provide acknowledgement of receipt within 5 business days.