**Client Complaint Recording Form**

(Please complete form clearly with black or blue ink pen or type-written.)

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| Complainant’s Name: |  | Name of External Agency *(if applicable):* |
| Name of CIHC Staff, involved in complaint: |  |
| Name of Third-Party Completing Form (if not Complainant): |  | Title: |

Please describe the nature of the complaint, including exact dates and times (please attach additional pages, if necessary):

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**Complainant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

**Signature of Third-Party Completing Form**: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_