Complaint Record Form

COMPLAINANT NAME – FIRST	MI	LAST		DATE RECEIVED	EH PROGRAM
ADDRESS - STREET	CITY	STATE	ZIP CODE	COMPLAINT #	☐ FOOD ☐ WATER ☐ LODGING ☐ ONSITE ☐ OTHER _____
SUBJECT NAME - FIRST	MI	LAST		TELEPHONE NUMBER	
ADDRESS – STREET				TELEPHONE NUMBER	
CITY		STATE	ZIP CODE		

NATURE OF COMPLAINT

RECEIVED BY	REFERRED BY	DATE RECEIVED

COMPLAINT INVESTIGATION

INVESTIGATION RESULTS INCLUDING DATE OF INVESTIGATION (ATTACH ADDITIONAL PAGES IF NECESSARY)

Complaint Record Form

Action Taken	Date:

Final Disposition/Follow-up with Complainant	Date:

Investigator's Signature: _____ _____ _____

(print name) Complaint Closed Date