

COMPLAINT DATA FORM

Sponsor Name: _____ **Date Called:** _____

Contact Name: _____ **Phone Number:** _____

Complainant Name: (if given) _____ **Phone Number:** _____

Nature of the complaint: _____

Follow-up: Referred to: _____ **Date:** _____

Phone Number: _____

Action taken: _____

Did Complainant request return phone call? _____

If yes, date phoned and by whom? _____

Initials _____