



CLIENT RELATIONS FORM
as per Client Relations Policy O - 002

Information

Name of Person Complaining/Complimenting:

Contact Number:

Email:

Date of Complaint/Compliment: _____ dd/mm/yyyy

Date(s) of Event (s): _____ dd/mm/yyyy

Name of Manager / Supervisor / Coordinator Informed:

Date of contact with Manager / Supervisor / Coordinator: _____ dd/mm/yyyy

Nature of Complaint / Compliment

- Complaint Compliment Other: _____
 Client Care Food Programming Client Staff Volunteer Visitors Environmental
 Other (specify): _____

Details of Event(s)

Details of Event(s): *Please describe the circumstances and all contributing behaviours, actions or verbalizations identified as contributing to this event. Please add additional pages as necessary.*

Resolution and Response

Collateral Information obtained from staff, volunteers or clients involved in event:

Communications with Person offering Complaint / Compliment: (Include dates and content of follow up to compliment / complaint)

Signature of Manager / Director receiving complaint / compliment

Date dd/mm/yyyy

This form must be completed by the Manager / Supervisor / Coordinator or Director .