F13.4

Caregiver Complaints/Concerns Form

Today’s Date:

Parent or Youth Name (Optional):

Client Name (Optional): Contact Information (Optional): Would you like to be contacted for a follow-up? **Yes** [ ]  **No** [ ]

**Please note: A follow-up phone call will be made within 5 working days**

(Must include your name if you wish us to follow-up.)

**Description of your Concern(s):**

**Thank you for taking the time to give us this information. We value good customer service and take all concerns seriously.**

**For Internal Use Only**

Follow up Date:

Name of person doing follow up:

**Actions Taken:**