



COMMISSION ON ECONOMIC OPPORTUNITY, INC.

Complaint Form

Developed; October 2013

Updated November 2018

Instructions

This form needs to be;

- Completed by staff immediately following a customer complaint or concern.
Reviewed and completed by reporting staff direct supervisor or designee, and faxed or delivered to Department Director within 24 hours of occurrence.

\*Any complaint that could potentially escalate to a higher level, including; CPS, OCFS, Police, President and/or Regulatory/Funding Entity should be communicated verbally to the department oversight Director or designee immediately upon de-escalation.

Definitions

Complaint: A complaint is an expression of dissatisfaction on anyone's (customer, staff, community partner, etc...) behalf regarding a program service, staff, facility and/or incident/circumstance.

General information

Table with 2 columns and 3 rows: Date/Time of Complaint, Name of reporting staff, Site & Location of Complaint, Reporting Staff Supervisor, Customer Name, Complainer Phone Number or Best Method for Follow Up Contact.

Description of Complaint: Describe what happened.
[Blank lines for text entry]

Triggering Event: What happened prior to the event that may have triggered it?
[Blank lines for text entry]

Interventions: Describe any response, resolutions suggestions made to complainer.
[Blank lines for text entry]

Witnesses: List any witnesses and contact information if possible.
[Blank lines for text entry]

**Program Manager Review Section**

**Complaint Summary:** Briefly summarize your assessment of the complaint and conditions associated with the complaint.

---

---

---

---

---

**Investigation/Background:** Briefly describe any ways in which the complaint was evaluated.

---

---

---

---

---

**Follow-up Interventions:** Provide details and necessary follow-up.

---

---

---

---

**Follow-up Completion Date:** \_\_\_\_\_

**Customer Response:** Please provide brief summary of follow up completed and complainer response to follow-up

---

---

---

---

**Witnesses:** List all witnesses and contact information if possible.

---

---

---

\_\_\_\_\_  
Program Manager Name (please print)

\_\_\_\_\_  
Program Manager Signature

\_\_\_\_\_  
Date

**Department Director/Administrative Section**

**Ongoing Follow-up:** Keep a record of all ongoing updates in this area until the complaint is resolved or closed.

---

---

---

---

---

**Date complaint was resolved /closed:** Provide details of resolution and when possible attach written “closed” notification:

---

---

---

---

---

---

\_\_\_\_\_  
Department Director Reviewer

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Date

**Checklist**

<input type="checkbox"/>	Program Manager
<input type="checkbox"/>	Department Director
<input type="checkbox"/>	Vice President/President (if required)

**Circulation instructions:**

- Staff give to Program Manager for review and signature
- Program Manager scans and emails to Department Director
- Department Director informs Vice President/President if necessary