

# Senior Center Resources and Public Transit

## Complaint Report Form

Date of Complaint or Comment: \_\_\_\_\_

Complaint received in what service: Transportation or Elderly

Time of Complaint or Comment: \_\_\_\_\_

Complaint made by: Phone or Visit:

Name of person making the complaint: \_\_\_\_\_

Name of employee involved: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Complaint or Comment:

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Steps taken by Staff:

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Staff Recommendation:

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Employee Signature: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Further Follow-up Required: Yes No

Date: \_\_\_\_\_