



NICSS Client/Person Served
Complaint/Question Form

NAME:

Date:

PROGRAM:

Completed By: ✓

Me

My staff and I

By staff for me

Name of staff helping me:

What is this concern about? ✓

People	Things	Place	Other
Me	Mine	My Home	Food
Staff	Staff's	My Work	Free Time
Program	Family's	My Program	Rules
Participant			Policy
Friend(s)			Recreation
Family			Health & Safety
			Community

My Question/ Concern:

This is important to me!

Not Very
Important

①

So-So
Important

②

Important!

③

Really
Important!!

④

Extremely
Important!!!

⑤

Your Name:

Date:

By Phone

In Person

In Writing

Online via Website

DO you wish to be contacted about this concern/complaint?

YES

NO

How do you wish to be contacted?

Phone

Email

Contact info: _____

Received by:

Date:

Was the complaint acknowledged? By whom? How was it acknowledged:

Action taken: (up to and including final response to complainant):

Key Worker Signature:

(If applicable)

Program Coordinator Signature:

Date:

Reviewed by Executive Director:

Date: