



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: _____