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**Complaint/Feedback Form**

Name of Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Complainant is not the client, client’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information of Complainant: Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please refer to Complaint & Appeal Policy to direct your complaint at Step 1, 2, 3 or appeal level**

**Complaint directed to (please check)**:

\_\_\_\_ Residential Supervisor \_\_\_\_Residential Operations Manager \_\_\_\_Outreach Manager \_\_\_\_\_Executive Director \_\_\_\_Board President \_\_\_\_Third Party Appeal

Level of Satisfaction (please circle):

Very Satisfied Satisfied No General Opinion Dissatisfied Very Dissatisfied

Description of Issue: (add second page if needed)

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|  |

 Action Requested:

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Follow-up or Conclusion (to be completed by PCH):

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|  |

Form Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peel Cheshire Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information (if needed):

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