

# PERFORMANCE IMPROVEMENT ACTIVITY

## COMPLAINTS TO AGENCY ADMINISTRATION

Date:  
Time:  
Name of Caller:

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Description of Complaint:

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Signature: \_\_\_\_\_

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Type of Complaint (√):      Bill       Care       Staff       Other

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Action: \_\_\_\_\_

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Date of Follow-up: \_\_\_\_\_ Signature: \_\_\_\_\_

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Date of Completion: \_\_\_\_\_ Signature of Director/Administrator: \_\_\_\_\_

Please file in Complaint Notebook when completed