

Area Agency on Aging

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COMPLAINT/INVESTIGATION LOG FORM

Contact Information	
Name:	Phone:
Address:	
Contact Name:	Relationship to Contact:

Complaint Information		
Date Reported:	Date Occurred:	Complaint Taken By:
<u>Complaint Details:</u>		

Investigation Information		
<u>Investigation Details:</u>	<u>Investigation Date:</u> _____	
<u>Corrective Action Taken by Agency:</u>	<u>Corrective Date:</u> _____	
Was Complaint Resolved? Yes No	Date of Resolution:	
<u>If not resolved, forwarded to who and date sent:</u>		
Forwarded to:	Date Forwarded:	
Print Name:	Title:	Date:
Signature:		

Privacy Officer		
Print Name:	Title:	Date
Signature:		

Please email a filled copy to complaints@agingwest.org

NON-PROFIT ORGANIZATION