



# Area Agency on Aging

Email to: [complaints@agingwest.org](mailto:complaints@agingwest.org)

Compliance Hotline (844) 689-3912

Fax (479) 783-0029

## 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 Take by Agency:</u>	<u>Corrective Date:</u> _____
Was Complaint Resolved?	Yes      No      Date of Resolution:
Print Name:	Title:      Date:
Investigator Signature:	
<u>If not resolved what actions were taken?</u>	

Privacy Officer		
Print Name:	Title:	Date:
Signature:		