**Canton City Public Health - Complaint Documentation Form**

**Date Complaint Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complainant Information:**

*(If available and not requested to remain anonymous)*

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Information:**
	+ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ **Mailing Address (optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Preferred Contact Method:** ☐ Phone ☐ Email ☐ In Person ☐ Other (Specify) \_\_\_\_\_\_\_

**Complaint Details**

* **Nature of Complaint (Check all that apply):**
☐ Customer Service Issue
☐ Community Health Concern
☐ Policy/Procedure Concern
☐ Facility/Service Concern
☐ Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Detailed Description of the Complaint:** *(Please provide a full account of the complaint, including specific actions, behaviors, and dates/times of the event(s) in question.)*
* **Location of Incident (if applicable):**
* **If Applicable, Who Was Involved?**
*(Name(s) or Title(s) of staff, contractors, or other individuals involved)*

**Complaint Category**

* **Type of Complaint (Check one):**
☐ Customer Service Complaint
☐ Community Health Complaint
☐ Misinformed Complaint (Possible "Worry Well")

☐ Program-Specific Complaint (specify Program/Division) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date complaint forwarded to Program/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
☐ Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Urgency Level:**
☐ High (Immediate action required)
☐ Medium (Action required within 5 business days)
☐ Low (No immediate action required)

**Initial Assessment**

* **Was the complaint addressed immediately?**
☐ Yes ☐ No
* **If not, was it forwarded to the appropriate department for further review?**
☐ Yes ☐ No
* **Staff Assigned to Investigation:**

**Follow-Up Actions Taken**

*(For example, investigations, actions, interviews conducted, corrective measures, etc.)*

**Outcome of Investigation**

*(Describe findings and resolution. What action was taken? Was the complaint substantiated or found to be unsubstantiated?)*

**Feedback to Complainant**

* **Was the complainant notified of the outcome?**
☐ Yes ☐ No
* **Date of Follow-Up Communication:**
* **Summary of Response Given to Complainant:**

**Final Response Status:**

* **Complaint Addressed?**
☐ Yes ☐ No
* **If Not Addressed, What Further Action Is Required?**

**Staff Member Completing the Form:**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Position/Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Notes:**

* This form should be completed for all complaints (excluding program-specific complaints which will follow the program’s own process), regardless of whether they are addressed immediately or require further investigation.
* All relevant evidence, such as photos, emails, or recordings, should be attached to this form as applicable.
* Confidentiality must be maintained to the extent possible throughout the documentation and handling process.