

Complaint/Compliment Form

Name of person filling out form: _____

Date: _____ Telephone Number: _____

Address: _____

Specifics of complaint or compliment

Date: _____ Approximate time: _____

Person (if known): _____ Department: _____

Reason for the interaction: _____

Location of incident: _____

Program or service receiving: _____

Nature of complaint or compliment (use additional sheets as needed):

Signature of person: _____ Date: _____ Time: _____

Complaint/compliment verbally reported to: _____ Date reported: _____

For assistance in resolving a problem complete this form and mail using the self addressed envelopes enclosed.

PCACS
Attn: Bruce Lindner, Executive Director
1005 Campbell St.
Valparaiso, IN 46385

If you need assistance in filing a written complaint, please call the Bruce Lindner at (219)-465-7144. Complaints must be filed within two weeks of the date the problem is experienced.

***** OFFICE USE ONLY*****

Complaint Investigated by: _____ Date: _____

Time: _____ ADA Complaint: yes ___ no ___ Q Method received: _____

Findings: _____