

Client Compliments and Complaints

We value and appreciate your comments and feedback.

Name of Client/Family Member(s): _____

Contact Information: Address: _____

Can we contact you at? Home; Cell; Other; Can we identify WECHC? Yes No

Home Phone# _____; Cell Phone # _____; Other _____

Relationship with WECHC: Client; Family/significant other Other: _____

COMPLIMENT	COMPLAINT
Please share your compliment with us:	Please describe your complaint/concern in detail (date, time, individual(s) involved, specific concern - use back of page if necessary):

What can we do to address your complaint/concern?

Individual Completing the form:

Print Name: _____ Signature: _____

Date form completed: _____

Employee receiving the Compliment/Complaint: Print Name: _____

Signature: _____ Date form sent to Director: _____