CNS HEALTHCARE - COMPLAINT FORM

	DATE:
NAME OF PERSON MAKING THE COMPLAINT:	CASE #: ❑N/A
STAFF WHO ASSISTED OR COMPLETED FORM (IF ANY):	
EXPLAIN / DESCRIBE COMPLAINT:	
.	
	DOCUMENTED IN GRIEVANCE LOG: ☐ YES ☐ NO
CONSUMER/GUARDIAN SIGNATURE: DATE:	
CUSTOMER SERVICE REPRESENTATIVE SIGNATURE:	DATE:
RESOLVED: ☐ YES ☐ NO	

FORWARD TO CUSTOMER SERVICE REPRESENTATIVE