LANGLEY ASSOCIATION
FOR COMMUNITY LIVING

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COMPLAINT RESOLUTION FORM

Date: _____ Program Area: _____

Name of person making complaint: _____

Name of person completing form: _____

1. Please describe the problem you are having:

_____

_____

_____

_____

2. Please describe attempts to resolve the problem:

_____

_____

_____

_____

_____

Resolution: _____

_____

_____

3. Further action:

_____

_____

_____

_____

_____

4. Management follow-up

_____

_____

_____

_____

_____

Participant Signature: _____