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COMPLAINT FORM

Client Name: _____ Case Number: _____

Client Address: _____ Client Phone #: _____

Complainant: _____ Relationship to Client _____

Date: _____ Person Receiving Complaint: _____

Complaint Received By: Phone Mail In Person

Complaint About: Program Facility Person

Other (describe) _____

Reason: Quality Access Attitude Other

COMPLAINT: (include all relevant information, including date and time)

Date: _____ Signature: _____