KindCare
Complaint Form

Complaint Form

Complaint Details			
Complaint Date:		**Complaint Number:**	
Complainant:		**Category:**	
Phone:		**Email:**	
Complaint:			
Requested Outcome:			
Complaint Review			
Actions taken:			
Resolutions to be offered:			
Resolutions approved by (manager name):			
Complaint Outcome			
Actions taken:			