



**COMMUNITY RESOURCES FOR INDEPENDENCE, INC.
Consumer Issue/Complaint Form**

Consumer Name:

Program:

Date:

Address:

County:

Office:

Caller's Name:

Relationship to Consumer:

Caller's Phone #:

Call Received by:

Description of Issue/Complaint:

Corrective Action (Include people responsible and dates of actions taken or to be taken.):

Resolution and Outcome:

Please check if consumer is satisfied with resolution and outcome

Please check if consumer is not satisfied with resolution and outcome

Instructions: All complaints regarding CRI services should be documented and reported to CRI corporate executive director's office, via this form. Include other relevant documentation as necessary.