



Punjabi Community Health Services

Appendix 'B' - Complaint Form

Client Name: _____ Date: _____
(YYYY/MM/DD)

Date of Admission: _____ Month _____ Year: _____

Details of Staff (you are complaining about):

Name: _____

Position: _____

Date of incidence: _____

Nature of incidence: _____

_____ (if there is more information please attach another sheet)

Client Signature: _____

Date: _____

Received by: _____

Thank you.

You will receive response of your complaint within 30 working days.