

Complaints Resolution Input Form

Date:

Name:

Mailing Address:

Telephone:

Email Address:

Preferred Method of Contact: E-mail Telephone In Writing

Are you initiating this complaint on your own behalf, or on behalf of someone else?

On my own behalf On behalf of someone else

If the complaint is being initiated on behalf of someone else please provide his or her full name:

Name of the CLM staff member who has been reviewing your situation:

Are you, or the person you are assisting in initiating this complaint, currently receiving services

from CLM? Yes No

Please select the type of concern you want CLM to address:

Quality of Services Received Request for Service/Type or amount of Service

Conduct of CLM Employees Privacy/Handling of Individual's Personal Information

CLM Policy or Practice Respect for the Rights of an Individual

Other Form IS-05 A

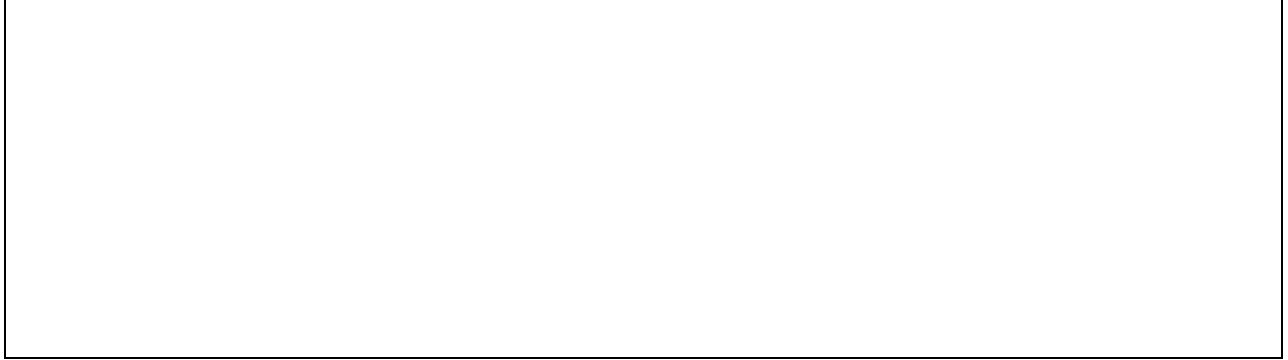
If "other", please describe:

Have you and the CLM staff member tried to resolve the problem you are experiencing?

Yes No

If yes, what options for service and support, including referrals to other community resources, did you and the CLM staff member discuss?

To assist us in resolving the situation as quickly as possible, please make any additional comments you wish:

A large, empty rectangular box with a thin black border, intended for the user to provide additional comments. The box is currently blank.