

CLIENT COMPLAINT TRACKING FORM

DHS-61
Eff. 05-2013

| | Date Complaint Received (m/d/yyyy) | Client/ Case Last Name | Client/ Case First Name | InRhodes Case ID or Last 4 of SSN of Client | Complainant Name if Different from Case Name / Relationship to Case | Address | Phone Number where Complainant may be reached | How Received: Phone, Mail, Email, In-Person, Other (select one) | DHS Office Location receiving complaint (select one) | Description of Complaint | Forwarded to whom for resolution? How forwarded? (Phone, Mail, Email, etc.) | Describe Resolution / by whom | Enter date when completed m/dd/yyyy |
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