**INTERNAL / EXTERNAL COMPLAINT FORM**

**Section 1**

Description of Complaint: (Completed by agency employee for an external verbal complaint.)

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Signature Date

**Section 2**

Date Complaint Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Internal Complaint ❑External Complaint

❑ Written Complaint ❑ Verbal Complaint

Written Complaint Attached: ❑ Yes ❑ No – proceed to section 2

Written Response Attached: ❑ Yes ❑ No – proceed to section 3

**Section 3**

Written Response: (give details of response/solutions and outcomes or attach written response)

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Employee Signature Date

**Submit to Quality Assurance and Planning Manager**

**Section 4:** (Completed by Quality Assurance and Planning Manager)

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted to Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Reviewed By Threat Assessment Team Chair & Quality Assurance and Planning Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Need for Immediate Threat Assessment Team Follow Up: ❑ Yes ❑ No

* If yes, date of Threat Assessment Committee Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Threat Assessment Committee 6 Month Review Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: (**Additional comments/recommendations from Threat Assessment Team:)

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Attach all additional information as applicable.

Signatures:

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Threat Assessment Team Chair Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quality Assurance and Planning Manager Date:

cc. Personnel File if applicable ❑