

**CHILD AND FAMILY SERVICES DIVISION
VENDOR COMPLAINT FORM**

Date: _____

Person completing form: _____

Ext.: _____

Supervisor: _____

Ext.: _____

Has the supervisor been informed of this complaint? Yes/No

Vendor: _____

Site # (if applicable): _____

Contact Person: _____

Phone: _____

E-mail address: _____

Description of complaint (i.e., full details of the event or complaint, date(s), parties involved):

List all parties involved in this complaint (include contact information):

List all actions taken by you or others to address or resolve this complaint?

To Be Completed by the Clinical Contracts Unit

Review Date: _____

Reviewer: _____

Action taken by the Clinical Contracts Unit: _____

Continuous Quality Improvement Report Completed: Yes/No

Date of Completion: _____