

Renville County Public Health Services
Office of the Director

Complaint - Conflict Intake Log

1. Purpose: The purpose of this form is to document specific information related to a complaint or conflict as identified by the reporter of the information. It is meant to serve as an official administrative record.

2. Identifying Information

Name of Reporter: _____ Date: _____

Address: _____

Phone: _____

3. Complaint: With as much detail as possible: who said / did what? Where? When? Who else may have seen or heard this? How was the reporter adversely affected?

4. Resolution Attempts: What action has the reporter taken to attempt to resolve this? Who has been talked to? When? Where? What were the results?

5. Proposed Solution: What does the reporter see as the most desirable outcome? What would that person like to see happen?

6. Permission: Obtain permission from reporter to pursue the complaint or conflict and talk to necessary persons. Indicate a projected time when the reporter would be contacted for feedback / follow-up.

Permission granted: Yes No

Date for Follow-up: _____ Mail Phone Person

Recorded by: _____

7. Type of Response and Follow-Up

Response Type

- Level 1 - High Priority - begin in \leq 24 hours
- Level 2 - Medium Priority - begin in \leq 72 hours
- Level 3 - Low Priority - begin in \leq 5 days
- Level 4 - No Action Needed

Follow-up By:

- Director
- Supervisor
- Staff Worker
- Other



Follow-up Comments: Please indicate summary information about what actions were taken and outcome.

Completed By: _____ Date: _____