

# Customer Complaint Form

Date of rehab visit/admission:

Name of Rehab:

Location of Rehab:

Nature of complainant: Client

Family member/Guardian

**What happened to cause you to be dissatisfied?**

**How can we make this right?**

Name:

Address:

City:

Phone:

Email:

**For Official use:**

Date handed over to disciplinary/complaints committee:

**Disciplinary committee decision:**

Date decision made:

