

Monthly Complaint Log

FSC / Crisis
Housing Site:

Service
Month:

FSC / Crisis Housing Site or Staff: _____		Date: _____
Client's Name: _____	CalWORKs Case #: _____	Primary Language: _____

Complaints: _____

Comments: _____

Resolution: _____

Staff Completing
Report _____ Date: _____ Time: _____
Supervisor's Name
& Signature _____ Date: _____

Note: If a complaint is filed, attach a copy of the Complaint Log to the MMR.
Civil Rights Complaints must be on a PA 607 in Participant's preferred language.