

**Complaint Form /** *Formulario de Quejas*

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| **Name** / *Nombre:* | | | **Date** / *Fecha:* |
| **Birthdate** *Fecha de Nacimiento:* | | | **Phone** / *Telephono:* |
| **Mailing Address/***Dirección Postal:*  **(Street, Apartment, City, State, Zip Code)**  *(Calle, Apartamento Ciudad Estado Código postal)* |  | | |
| **How may we contact you? /** *¿Cómo podemos comunicarnos con usted?* | | **Phone**/*Telephono*  **Mail**/*Correo*  **Other** / *Otra:* | |
| **Please tell us about your complaint (be as specific as possible)** */ Cuéntenos acerca de su queja (sea lo*  *más específico posible)* | | | |
| **What happened? /** *¿Qué sucedió?* | | | |
| **Who was involved? /** *¿Quiénes estuvieron involucrados* | | | |
| **When did it happen? /** *¿Cuándo sucedió?* | | | |
| **How would you like this complaint resolved? /** *¿Cómo le gustaría que se resolviera esta queja?* | | | |
| **Additional Information /** *Información adicional* | | | |
| **Resolution Summary (staff completes)** | | | |
| **Signature** / *Firma*: | | | **Date** / *Fecha*: |

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