

**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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