



Shirley & Naomi Private Homecare Services, LLC

CLIENT COMPLAINT FORM

Name (Client) _____ Contact Number _____

Address: _____

Complaint Taken by: _____

Complaint names: _____

All persons involved in complaint: _____

Date Complaint Received: _____ Complaint Number: _____

Product/Service Description: _____

Complaint: _____

Description of Product Fault, if any: _____

Corrective Action: _____

Has the problem been resolved? Yes: _____ No: _____

If no, to whom was the problem transferred? _____

How was the complaint investigated? _____

How was complaint resolved? _____

(Signature or person taking complaint) _____

Client (Signature): _____ Date: _____



Shirley & Naomi Private Homecare Services, LLC

Notifications Date Time

(AM or PM)

Client Name: _____ Family/guardian/responsible party: _____

Physician: _____ Police: _____

Other (specify) _____

Alleged Perpetrator Name: _____ Relationship to Client: _____

Current Address: _____

Phone: _____ City: _____ State: _____

Zip: _____ Witness Names: _____

Address: _____ Phone Number: _____

Relationship to Client: _____

Immediate correction or steps taken to prevent further incidents:

Reporter: _____ Title: _____

Signature: _____ Date of Report: _____ Time of Report: _____

**The Department that regulates this agency is: Department of Community Health / Healthcare Facility Regulation/ Home Care Unit
rogram located @ 2 Peachtree Street, Suite 31-447 Atlanta, Georgia 30303
Phone: 404-657-1509 Complaint intake numbers: 404/657-5726, 404/657-5728 or 1-800-878-6442 (outside the Atlanta calling area**