



External Complaint/Grievance Report

Today's Date: ___ / ___ / ___

QI/QA Signature: _____

Date of Incident of Complaint/Grievance (if applicable) ___ / ___ / ___

Time ___:___AM/PM

Address/Location of Occurrence/Agency: _____

Other Persons Involved:

Employee/Visitor: _____ Position: _____

Detailed Summary of Events:

(Use back of Sheet if additional space is needed)

We may need to contact you for follow up information. By providing us with your contact information, you are permitting us to contact you at the phone number(s) and/or address(es) listed below:

Contact Information:

Name: _____ Signature: _____ Date: ___ / ___ / ___
(Person Completing Report)

Do you require a letter informing you of the findings? Yes/No

Please note that if you do not agree with the findings of the investigation, you may submit your concern in writing to the attention of the SFBHN CEO within five (5) working days from the receipt of the letter. If you feel that SFBHN did not handle your complaint or grievance to your expectations, you may contact DCF at (305) 377-5029.

Follow Up by CEO:

Name _____ Signature: _____ Date: ___ / ___ / ___

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