

Mission Restart Complaint Form

Date of Complaint: _____

Complainant Information:

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Preferred Contact Method: Phone Email Other: _____

Nature of Complaint:

- Staff Conduct
- Services Provided
- Organizational Policies
- Harassment or Discrimination
- Other (Please specify): _____

Details of Complaint:

(Please provide a detailed description, including dates, locations, and names of any individuals involved.)

Have you attempted to resolve this issue informally?

- Yes (If yes, please explain how) _____
- No

Desired Outcome or Resolution:

Signature: _____

Date: _____

For Office Use Only:

- Date Received: _____
- Received By: _____
- Action Taken: _____
- Follow-up Required: Yes No
- Follow-up Completed on: _____



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restart*