



COMPLIMENTS AND COMPLAINTS FORM

The Essex County Diversion Program values and appreciates your comments and feedback.

Name of Complainant: _____

Relationship with ECDP: Client Parent/Legal Guardian Victim Other

How may we contact you? home ph cell ph fax email mail

Contact Information:

Address: _____

Home Ph # _____ Cell Ph # _____ Fax # _____ Email _____

COMPLIMENT	COMPLAINT/CONCERN
Please describe in detail (date, time, location, individual(s) involved) Use back of page if necessary.	Please describe in detail (date, time, location, individual(s) involved) Use back of page if necessary.

What can we do to address and or resolve your complaint/concern? _____

(Use back of page to continue if necessary)

Individual Completing the form:

Date: _____

Print Name & Signature: _____

Employee receiving the Compliment/Complaint: Date: _____

Print Name & Signature: _____

Date sent to Executive Director (within 24 hrs of receiving the complaint): _____