

MA PERSONAL CARE (through Dane County) FORMAL COMPLAINT/GRIEVANCE* LOG

Provider Agency: _____

Month/Year _____

Page ____ of ____

Date complaint received	Individual making complaint	Relationship to Consumer	Detailed narrative of complaint, including names and dates	Detailed investigation of complaint, including names and dates	Resolution of complaint, including names and dates

✦ Complaint used interchangeably for complaint/grievance in table

Reviewed by: (Agency Representative) _____ Date _____

Reviewed by (Dane County) _____ Date _____