COMPLAINT INTAKE FORM

Person Receiving Complaint: _____ Date:_____

How was Complaint Received: *(IE: Phone, Letter, E-mail, In Person)* _____

Who is Making the Complaint: _____

What is the Person's Relationship/Involvement to the Case: *(IE: Party, Defendant, Relative, Judge)*

_____

Who is the Subject of the Complaint? _____

What is their Position in CPCS: _____

Which Division and Unit is the Person Located: _____

Details of the Complaint

Does the Complaint Require a 10 day Investigation: *(See Investigation Procedures, Section A)*

Yes ____ No ____

Does HR need to be Notified: *(See Investigation Procedures, Section A*)

Yes ____ No ____ If Yes: Date HR was notified _____

Name and Title of Person Investigating the Complaint:

_____

Are you Required to Notify the Subject of the Complaint? *(See Investigative Procedures, Section E)*

Yes ____ No ____

Is there an Interim Remedial Measure Pending the Completion of the Investigation? *(See Investigation Procedures, Section B)*

Yes ____ No ____

If yes, Explain What:

Date of the Completion of the Investigation: _____

Results and Disposition of the Complaint: *(See Investigation Procedure, Section D)*
