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| **CAC Tracking #:** YYYYMMDD-II-# |
| **Assigned** | DD MMM YYYY | Supervisor Initials |
| **Completed** | DD MMM YYYY | Supervisor Initials |
| **Reviewed** | DD MMM YYYY | Supervisor Initials |
| **Total Hours** |  |

**Complaint Record**

|  |  |  |  |
| --- | --- | --- | --- |
| Received by |  | Assigned to |  |
| Date Received |  | Time Received |  |
| Date of Occurrence |  | Time of Occurrence  |  |
| Complainant Name |  | Complaint Type | Choose an item. |
| Complainant Address |  |
| Complainant Contact Info |  |

**Complaint (attach documents as needed):**

*Summary here*

**Findings / Action Taken / Comments (attach documents as needed):**

 *Report here*