

PawPADs' Complaint Policy & Procedure



PawPADs
Pawsitive Perspectives
Assistance Dogs

Complaint Form

Complainant Name: _____ **Date:** _____

Home Phone Number: _____ **Cell Phone:** _____

Best Time to Call You: _____

Relationship to the Organization: _____

Others Involved: _____

Please describe the nature of the issue (attach additional sheets if necessary):

Please explain how you have tried to resolve this issue:

How would you like to see your complaint resolved?

List any corroborating witnesses and attach any supporting documents:

Signature

Date

Turn this form in to the Executive Director, or Board President, at PawPADs. You will receive acknowledgment of your complaint within 5 business days.

For office use only: Acknowledgement date: _____ Investigation dates: _____

Response and Action: _____

Attach all investigation reports, corrective action and communications with complainant.

Signature

Date Closed