



PANTRY COMPLAINT FORM

Date: _____

Agency Name: _____

Director of Agency: _____

Phone Number: _____

County: _____

Complainant's Name: _____

Complainant's Phone Number: _____

Witness(s) to Complaint Name(s): _____

Complaint: _____

OFFICE USE ONLY

Follow Up Actions to Complaint: _____

Date: _____

Name of Employee doing follow up: _____

Further Action Required: _____

Agency Status after follow up:

Active/No Issue 30 day Probation 60 day Probation

Other: _____

Employee Signature: _____

Supervisor's Signature: _____

***Please provide documentation of any follow up action that is taken and have these documents placed into the agency file for review.**