



**Fòm Plent/Dòl pou Moun K ap Sèvi**

**Ranpli yon plent/dòl pa pral afekte tretman ou.**

**Lè ou fin ranpli fòm nan, mete l nan bwa sipòjyon an**

Moun(n) ki ranpli fòm lan: \_\_\_\_\_  
(Isit – Moun k ap sèvi, Direktè Pwogram, Sipèvizè, Terapis, Lakou)

Dat Ensidan: \_\_\_ Lè Ensidan an te fèt: \_\_\_\_\_ Pwogram: \_\_\_\_\_

Plent/Dòl: (Enkli baz plent la: ras, koulè, oswa orijin nasyonal. Kisa ki pase, moun ki te enplike, kote sa pase? Èske anplwaye yo te fè yon efò pou rezoud plent la?) (Kontinye nan dèyè a oswa sèvi avèk yon paj adisyonèl si sa nesèsè.) **Pa abrèje oswa sèvi ak akwonim. Lektikri yo dwe lizib..**

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Èske ou ta renmen yon reprezantan nan Divizyon Manadjman Kalite kontakte ou?

Wi \_\_\_\_\_ Non \_\_\_\_\_

Si wi, tanpri bay nimewo telefòn ou. ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Si ou pa gen nimewo telefòn, ou ka kontakte Divizyon Manadjman Kalite la na (305) 398-6197.

Signature moun ki sòti nan sèvis yo e: \_\_\_\_\_ Dat: \_\_\_\_\_

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**SEKSYON SA DWE RANPLI SÈLMAN PA MANAJMAN KALITE A**

Date Complaint Received: \_\_\_\_\_ Time Complaint Received: \_\_\_\_\_

Date Complainant Contacted: \_\_\_\_\_ Time Complainant Contacted: \_\_\_\_\_

Grievance/Compliant Resolved by Program Director/ Supervisor Yes \_\_\_\_\_ or No \_\_\_\_\_

Grievance/Compliant Resolved by \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_(Attach Resolution Form, use back of form if necessary)