

**ATTACHMENT 3: QUALITY ASSURANCE MONITORING FORM –  
CUSTOMER COMPLAINT INVESTIGATION**

**SERVICE or STANDARD:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SURVEY PERIOD:** \_\_\_\_\_

**DATE/TIME COMPLAINT RECEIVED:** \_\_\_\_\_ AM / PM

**SOURCE OF COMPLAINT:** \_\_\_\_\_ (NAME)  
\_\_\_\_\_ (ORGANIZATION)  
\_\_\_\_\_ (PHONE NUMBER)  
\_\_\_\_\_ (EMAIL ADDRESS)

**NATURE OF COMPLAINT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESULTS OF COMPLAINT INVESTIGATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE/TIME SERVICE PROVIDER INFORMED OF COMPLAINT:** \_\_\_\_\_  
\_\_\_\_\_ AM / PM

**CORRECTIVE ACTION TAKEN BY SERVICE PROVIDER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECEIVED AND VALIDATED BY:** \_\_\_\_\_

**PREPARED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_