

**Complaint Status Form**

In most instances, complaints can effectively be resolved through conversations between the parties involved, Area Leaders, or RI staff. In instances when that is not sufficient, members of Recovery International Inc. may use this form to formally express complaints and concerns. The Complaint Status Report will be used as a tool to document complaints regarding meetings and satisfaction with service.

If you have already talked with your Group Leader, Area Leader and program staff and still wish to file a formal complaint, please complete this form and send it to Sandra Wilcoxon, CEO, via e-mail: [swilcoxon@recoveryinternational.org](mailto:swilcoxon@recoveryinternational.org). You will be contacted within a week of submission.

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Focus of Complaint:

\_\_\_\_ Meeting \_\_\_\_ Program \_\_\_ Service \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Incident/Complaint: (please include meeting location and/or people involved)

Who did you first talk to regarding this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was their response?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to see done to address your concerns?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- - - - - - - (office use only)

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Forwarded to Compliance Officer

\_\_\_ Follow-up call or e-mail with Complainant

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Resolved \_\_\_ Not Resolved

- - - - -

\_\_\_\_ Forwarded to Board President

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Resolved \_\_\_ Not Resolved