

NEW HORIZONS ADOPTION AGENCY, INC. COMPLAINT FORM

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Nature of Complaint: (Please be specific, including names of involved staff members, time of incident, place of incident and issues related to the incident).

Suggestions on how we could best resolve the issue or handled better in the future:

Investigated By: _____

Date: _____

Action Taken: _____

