Participant Complaint Form

NEW HORIZONS
FOR 2S-LGBTQ+
OLDER ADULTS

Participant name:	Report filed by:	Date reported:

Contact information for follow-up

Participant phone:	Participant email:	Participant region:

Preferred method of contact: ☐ phone ☐ email

Nature of the complaint: *(example: perceived failure to do something agreed upon, failure to observe policy or procedures, error made by an affiliate, unfair or discourteous actions/statements by staff member/volunteer.)*

Staff involved in resolution:	Date resolved: