



25 Elm Place 2<sup>nd</sup> Floor Brooklyn, NY 11201  
 PH 718-802-0666 FAX 718-858-9403 WWW.CCMNYC.ORG

## Compliment and Complaint Form

Community Counseling & Mediation (“CCM”) takes complaints and concerns very seriously. We welcome honest communication with our clients so we can improve our services for everyone. All complaints and concerns that fail to be resolved within programs will go to Douglas C. Brooks, President & Chief Executive Officer, for investigation.

Please let us know what we do well and where we can improve our services. Indicate your response with an X.

This is a:	Compliment	Complaint	Feedback
------------	------------	-----------	----------

### Section 1: Your details

#### Personal details

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

**Do you require an interpreter?** (Indicate your response with an X.)

Yes		No		If <b>yes</b> , which language?
-----	--	----	--	---------------------------------

**Are you providing feedback on another person’s behalf?** (Indicate your response with an X.)

Yes		No	
-----	--	----	--

Name of the service provider:	
Address of office location of service:	
Contact person's name and position in the service:	

## Section 2: Please state your concerns

Please provide details of your main concerns, including the events that led you to submit this complaint, compliment or feedback; approximate dates; and who was involved. In order to investigate, we need to know which staff or employees witnessed or participated in the incident.

### Section 3: What action have you already taken related to this feedback?

Have you discussed your concerns with a service provider, or asked another agency or person for assistance with your concerns? (Indicate your response with an X)

Yes		No	
-----	--	----	--

If yes, with whom, and what was the outcome?

### Section 4: Privacy

CCM is committed to protecting your privacy. We collect personal information on this form only for the purpose of investigating and responding to the concerns you have stated here.

CCM will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as the Quality Assurance Department that deals with the matters identified in your feedback.

You also have the right to access your information and seek its correction under the Freedom of Information Act. For information about making a Freedom of Information application, visit [www.foia.gov](http://www.foia.gov).

### Section 5: Declaration

The information provided here is true and correct:

Signature:		Date:	
------------	--	-------	--

Thank you for taking the time to provide feedback about our service. We appreciate your perspective and look forward to improving our services. If you wish to speak with the investigator, Douglas C. Brooks, President & Chief Executive Officer, he is reachable at 718-802-0666. You can also contact him by email at [dbrooks@ccmnyc.org](mailto:dbrooks@ccmnyc.org).

## For Office Use Only

### Section 6: Response and follow-up

Please note that this section is filled out by the investigator.

What did the Quality Assurance Department do in response? How was the complaint, compliment or feedback handled?

--

### Section 7: Declaration of actions taken and official response

The actions taken and staff's response has been acceptable. Complaint, compliment or feedback was resolved.

Signature:		Date:	
------------	--	-------	--