



# S.C.O.P.E. INTERNAL VOLUNTEER COMPLAINT FORM

*NOTE: Complaints about a S.C.O.P.E. volunteer should initially be addressed by the station.*

Today's Date: \_\_\_\_\_

Person Filling Out Form (if not complainant): \_\_\_\_\_

\*COMPLAINANT NAME: \_\_\_\_\_ Male / Female

PHONE: HOME ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*WITNESS NAME: \_\_\_\_\_ Male / Female

PHONE: HOME ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\*CONCERN/COMPLAINT:

Volunteer Name: \_\_\_\_\_ Male / Female

Location of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am / pm

Description of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  if applicable, cont on back ->

\*FOLLOW UP BY STATION: Name: \_\_\_\_\_ Date: \_\_\_\_\_ Station: \_\_\_\_\_

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

\*RESOLUTION:

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

Faxed to SCOPE Director: Y / N Date: \_\_\_\_\_ By (name): \_\_\_\_\_

*For S.C.O.P.E. Main Use If Applicable*  
SCOPE station notified: Y / N Date: \_\_\_\_\_ By (name): \_\_\_\_\_