## **PSIPM Client Service/Course Issue-Complaint Form**

Date Submitted:

Contact Information (Email/Phone):

Name:

Date Issue/Complaint Occurred

Service/Class Location:

Detailed Description of Issue/Complaint:

Date PSIPM Receive:

PSIPM Investigation and Response To Issue/Complaint:

Date Response Provided To Client:

Issue/Complaint Follow-Up - Final Resolution:

Date of Follow-up - Final Resolution:

Name/Title PSIPM Person Completing Investigation And Response:

Submit Completed Form To RoyM@psipm.com or Call 864-915-7808 To Report

PSIPM Contact Information Phone: 864-915-7808 Email: roym@psipm.com

