**Complaint Annual Analysis Form**

CDS Family & Behavioral Health Services, Inc.

This form is completed by the COO and HR Manager in the first Quarter of each Fiscal Year

and shared with the Management Team.

Were any formal complaints received between July 1, 202 and June 30, 202 \_\_\_\_Yes \_\_\_\_No

If yes, how many were received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the nature of the complaints. Were there any trends in the complaints?

Were any areas in need of performance improvement identified, If so, please describe.

What actions were taken to address the performance improvements noted above?

Did the actions taken accomplish the intended results? If so or if not, please describe.