

DISABLED AMERICAN VETERANS / DEPARTMENT OF MICHIGAN

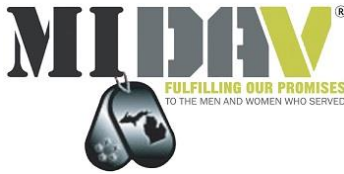
CHAPTER ISSUE OR COMPLAINT FORM ***PURPOSE AND INSTRUCTIONS***

This form can be used by a Chapter member, officer or other person that would like to file an issue/complaint with the Chapter. In addition, this same form can be used to document an issue/complaint that was brought to the attention of a Chapter Officer(s) or Member.

It is important that the Chapter Commander and Officers take necessary steps to address the issue/complaint that may be brought forward.

- 1) Engage with the person expressing a complaint or issue
 - a. Listen, show understanding, and assure issue/complaint will be addressed
- 2) Document the Issue/Complaint
- 3) Inform the other Chapter Officers
- 4) Investigate (document investigation steps)
- 5) Find a solution
- 6) Record feedback to person expressing a complaint or issue
 - a. Share with Chapter members for awareness
- 7) Follow-up as necessary

Keep in mind, District Executive Officers are always available to assist Chapters with issues/complaints and developing solutions.



CHAPTER ISSUE OR COMPLAINT FORM

DATE: _____ **CHAPTER NO. & NAME:** _____

NAME (print): _____ **PHONE #:** _____

Name of person filing or documenting the issue/complaint (i.e., Person filing a complaint or Chapter Commander would put their name here if documenting an issue received at Chapter)

EMAIL: _____

NAME OF PERSON EXPRESSING A COMPLAINT (if Different than above): _____

_____ **EMAIL:** _____ **PHONE #:** _____

(i.e., If Chapter Officer is completing this form to document a complaint received at the Chapter, then list the name of person lodging the complaint here)

Please describe the issue or complaint regarding the Chapter noted above

(Please print. Attach additional pages if needed):

Has issue been addressed with a Chapter Officer? YES NO

If yes, please indicate date(s): _____

Name of Chapter Officer(s) with whom the issue/complaint was discussed: _____

Was there any documentation from the discussion with the Chapter Officer(s)? YES NO

If yes, please attach a copy

Any action items or next steps from the discussion with the Chapter Officer(s)? YES NO

If yes, please describe or attach: _____

Please add additional comments or information:

Signature: _____

THIS SECTION TO BE COMPLETED BY CHAPTER OFFICER ONLY

Chapter Officer completing this section:

Print Name: _____ **Signature:** _____

CHAPTER	
Date Received or documented	
Chapter Officer(s) that received complaint form	
Issue resolved without involving Executive Committeeman	<input type="checkbox"/> YES <input type="checkbox"/> NO
Issue & resolution presented to membership and information documented in meeting minutes?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, meeting date: _____
Did Chapter Officer discuss with District Executive Committeeman? If yes: EC name: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date: _____
Date sent to Department <i>(if applicable)</i>	
Sent to Department email or via U.S. Mail?	

If applicable, please scan document and email to: MIDAVHQ@DAVMICHIGAN.com

Or Mail to: DAV Department of Michigan
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PO Box 26031
Fraser, MI 48026