



Bringing Families Together ***Client Complaint / Concern / Grievance Form***

- Please address your complaint / concern with the staff member verbally in efforts to resolve this issue first.
- If the issue is not resolved to your satisfaction, then please complete the client section of this form and give it to the staff member's direct supervisor. If you are not sure who their supervisor is, please direct your grievance to the Executive Director.
- If the supervisor is unable to resolve the problem to your satisfaction, you have the right to contact the Executive Director who will make a final determination.

Your Name: _____ **Date:** _____

Address: _____ **Phone:** _____

Staff member involved: _____ **Date of Incident:** _____

Location: _____ **Department:** _____

Have you attempted to resolve the complaint / concern? (circle) YES NO

Describe your complaint / concern / grievance in detail (attach additional pages if needed):

Agency Use Only Below

Staff member response: _____ **Date:** _____

Supervisor response: _____ **Date:** _____

Executive Director response: _____ **Date:** _____
