



Client Grievance or Complaint Form

Your Name: Today's Date:

When did the problem occur? Date: Time:

Is the problem with a particular staff member? Who?

Tell us about the problem. Include whatever details you think are important. Consider the following:

- What happened that you did not expect?
- What did you expect to happen that did not?
- Why was this a problem?

How would you like to see the problem resolved?

Have you spoken to anyone from our agency about the problem? Yes No

To whom did you speak? When?

What did you speak about?

Should someone from our agency contact you about this problem? Yes No

Your telephone # (to contact you about the problem if you wish):

What are the best days and times to reach you?

Is there anyone else we should contact you about this problem? Yes No

To whom should we speak? How can we contact them?

If you checked *Yes* and identified a person above to whom you want us to talk with about this problem, your signature on this form constitutes a *release of information* that allows us to identify you as our client and talk to that person about this problem. This release allows us to share only the information about you that is necessary to resolve or investigate your complaint or grievance. This release expires within one month or as soon as the problem been resolved to your satisfaction.

Your Signature: _____ Witness or Guardian Signature: _____

Thank you for working with us to resolve your problem.
You may provide more details if you wish on the back side of this form.

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Further Detail or Explanation



Your Signature: _____ Witness or Guardian Signature: _____