



**SERVICE GRIEVANCE/COMPLAINT FORM**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Program you were involved with: \_\_\_\_\_

In the space below please provide the following information (attach additional information as necessary).

1. Description of the Complaint.

\_\_\_\_\_  
\_\_\_\_\_

2. Background leading to the complaint (initial actions and program response, relevant dates, and the actions of parties).

\_\_\_\_\_  
\_\_\_\_\_

3. Who have you dealt with to date regarding the complaint? (names, titles, phone numbers).

\_\_\_\_\_  
\_\_\_\_\_

4. Describe any other action you have taken.

\_\_\_\_\_  
\_\_\_\_\_

5. Describe the outcome you seek?

\_\_\_\_\_  
\_\_\_\_\_

6. Sign and date the form to initiate the formal complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed Service Grievance Form to the Director.