

Client #:



GRIEVANCE FORM

Name: _____ Best Contact Number: _____

Is this form being completed on behalf of the client? Yes No

If yes, please include the name of the person completing the form and the relationship to the client:

Please explain your complaint or concern as fully as you can. Please use more paper if necessary.

[Large empty box for explaining the complaint or concern]

What action would you like to see taken to address your concerns? Please use more paper if necessary.

[Large empty box for describing desired actions]

Signing this is an agreement for our staff to contact you. Someone will reach out within five (5) business days to address your concerns.

Signature of Client or Authorized Representative

Date

*****Options Use Only*****

Follow-up or action taken to address stated concern:

[Large empty box for follow-up or action taken]