

Section A: Complainant Information

Last Name:		First Name:	
Address:			
City/State/Zip:			
Phone #:	Fax #:	E-mail:	
Status (Circle): Client Employee Other:			

Section B: Target of Complaint

Name of Service Provider:			
Address:			
City/State/Zip:			
Phone #:	Fax #:	E-mail:	
Status (Circle): Agency Agency Employee: Other:			

Section C: Recipient of Complaint

Last Name:		First Name:	
DCHHS Position:			
Address:			
City/State/Zip:			
Phone #:	Fax#:	E-mail:	

Section D: Other Completed Grievance Procedures

Have you contacted the service provider regarding your complaint? ___Yes ___No If so, with whom did you speak?
Were you able to reach a solution to the complaint? ___Yes ___No
Do you have a copy of the written complaint submitted to the service provider? ___Yes ___No
May we use the information you provided to resolve the complaint? ___Yes ___No
May we use your name in conjunction with the resolution? ___Yes ___No

Section E: Description of Complaint

Date of Complaint:
Type of Contact (Circle):

