

**Adult & Child Center
Consumer Grievance/Complaint**

Name: _____ **Date:** _____

Please use the space below to express your grievance or complaint and what resolution you are seeking. Someone will contact you for further information. If you prefer discussing your concern in person or over the telephone, please contact Adult & Child's Director of Quality Improvement at 882-5122, extension 1285. Please return this form to one of the receptionists after you have filled it out.

FOR OFFICE USE ONLY	
Complaint taken by: _____	(Check one) _____ Phone _____ In Person
Complaint Form Completed by (check one): _____	Client _____ Staff
Date Received: _____	
<u>Please forward to the Director of Quality Improvement</u>	