

FAMILY SERVICE OF THE CHAUTAUQUA REGION

CLIENT COMPLAINT AND GRIEVANCE FORM

Family Service acknowledges that clients have a right to file complaints and appeal decisions when they believe services have been unsatisfactory. We will acknowledge receipt of your complaint within two working days and resolve your complaint within ten working days.

1. You will be contacted by a supervisor who will discuss your grievance and try to resolve the complaint.
2. If the grievance is unresolved, you may contact the Executive Director.
3. The Executive Director makes a final determination based on the facts and circumstances.

We hope you are pleased with the service provided by Family Service. If you are not, please fill out the form on this page with a detailed description of your grievance. We will make every effort to resolve your complaint. Thank you.

NAME: _____

ADDRESS: _____

TELEPHONE: Business: _____ Residence: _____

SIGNATURE: _____ DATE: _____

DESCRIPTION: