

Crisis Intervention Services Client Grievance/Complaint Form

Date of Complaint: _____ **Date of Occurrence:** _____

Person Making Complaint: _____

Address: Shelter Housing Outreach Sexual Assault Violent Crimes
 Own Address _____

Phone Number: _____

People Involved: _____

Program: Shelter Sexual Assault Violent Crimes

Other Witnesses: (List Name, Address, and Phone)

Describe the situation- Please be specific and use additional paper if needed

Signature

Date

Grievances are filed with the direct supervisor of the advocate you are working with. After receiving the grievance, the direct supervisor has 5 working days to provide you with a written response to the grievance. If you are not satisfied with the supervisor's decision, you then have 5 working days to file an appeal with the Executive Director.

Date received by the Supervisor: _____

Signature of Supervisor: _____