

PARTNERSHIP FOR FAMILIES, CHILDREN, AND ADULTS, INC.

Complaint/Grievance Form

Name of Person Making Complaint: _____

Date: _____

Statement of Complaint: (use back of form if necessary)

May we contact you for further information? Yes No. If yes, please provide contact information:

Signature of Person Making Complaint

Date

Please give this form to the receptionist or place in locked complaint box, if available. OR, you can e-mail your complaint to Rhidalgo@partnershipfca.com, or mail to:

**Customer Satisfaction
Partnership for Families, Children, and Adults, Inc.
1800 McCallie Avenue
Chattanooga, TN 37404**

Do not write below this line

AGENCY FOLLOW-UP

Program Staff: _____

Date: _____

Discussion, possible solutions, recommendations (use back of form if necessary):

Signature of Program Staff: _____ *Date:* _____

Does the complainant wish to file a grievance? Yes No *If yes, provide complainant with the name and contact information for the Program Director/Manager.*

Name: _____ Contact Information: _____

<i>Follow up</i>	<i>By whom</i>	<i>Date init.</i>	<i>Date comp</i>

Attach additional documentation as needed.

Does the complainant wish to appeal final decision/action of the grievance? Yes No *If yes, provide complainant with the name and contact information for the Chief Operating Officer. Any further appeal will be forwarded to Chief Executive Officer.*