

Supporting People, Supporting Community

Complaint & Grievance Form

Name of Client:

Date Reported: _____

Is this: Complaint

Grievance (requests a formal review)

Details of Incident in your own words:

Names of people involved:

What would you like to have happen (resolution suggestion):

Signature:	Data
Signature:	Date:
	Batel

When complete, please email to <u>BACS@bayareacs.org</u>, or mail to 629 Oakland Ave, Oakland, CA 94611

Office U	se Only				
Reviewed By:		Da	Date Reviewed:		
Resolutio	on / Next Steps:				
Signatur	e of Senior Staff:				
	629 Oakland Avenue			f: 510.569.4589	
bayareacs.org					