

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: _____

Date: _____

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

Office Use Only

Reviewed By: _____

Date Reviewed: _____

Resolution / Next Steps:

Signature of Senior Staff: _____