

LFCS Client Grievance Form

Reporter's name: _____

Contact information (email or phone): _____

Date grievance filed: _____

Date grievance occurred: _____

Program of grievance: _____

Staff involved, if any: _____

Clients involved, if any: _____

Describe your grievance (attach additional sheets if necessary): _____

Any complaint or grievance submitted in writing will be forwarded to the Program Manager and Program Director immediately. A written response to the statement shall be provided within 7 business days. If the problem is not resolved to the satisfaction of mutual parties, the grievance may be appealed to the following list of administrative personnel: 1. Program Director; 2. Chief Program Officer; 3. President/ CEO.

Under no circumstances will you be discouraged from expressing a complaint or a grievance about a service or staff member of LFCS, nor will any action be taken against you for voicing your concerns. We will work to address any issues in a timely manner, so that we can continue to provide the highest quality services to our clients.