CLIENT COMPLAINT FORM

Instructions: This complaint form may be filled out by the individual served, or by interested family members or advocates without fear of threat or reprisal in any form. Complete, date, and sign this report and submit to the office receptionist, or mail to:

Executive Director, Jewish Community Services, Inc.
5750 Park Heights Avenue, Baltimore, Maryland 21215

You will be provided with a written response of agency’s findings within thirty (30) days of the date of this report.

Name of complainant: ________________________________

On behalf of: ______________________________________

Relationship □ Self □ Visitor □ Family Member □ Other ________________________________

Contact information:
Address: ________________________________________

______________________________________________________________________________

Phone: _______________ (H) _______________ (W) _______________ (C)

Date of incident: ____________________________ Time: __________________

Please describe the nature of the complaint. Be as specific as possible, including those individuals involved and witnesses. Use the back of form if additional space is required.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signature of Complainant: ________________________________ Date: ________________
For Administrative Use Only

Date Received: __________________________
Received By (Name, Title): __________________________

Interview of Involved Parties

Name: ____________________________ Case Number: ________
Date: ________________ Time: ________________
Location: ____________________________
Others as applicable ____________________________

Disposition: ____________________________ Date: ________________
Reviewed by Manager/Supervisor:
Name: ____________________________
Date: ________________

Step II Disposition (if individuals not satisfied with outcome)

Describe process, including disposition:
________________________________________
________________________________________

Reviewed by Senior Manager/Director:
Name: ____________________________
Date: ________________

Step III Disposition

Describe process, including disposition:
________________________________________
________________________________________

Reviewed by Executive Director:
Name: ____________________________
Date: ________________