

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: _____

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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: _____