Jewish COMMUNITY SERVICES
An agency of The Associated

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: _____