



Client Name: _____ **Client History #:** _____

JFS Program: _____

Staff Complaint is Being Filed Against: _____

Name of Person Filing Complaint: _____

Address: _____

Phone Number: _____ Date: _____

By filing this complaint, you are making a complaint regarding the services you are receiving at a JFS program or the way in which you have been treated by a JFS staff member(s).

DESCRIPTION OF COMPLAINT

Signature of Person Filing Complaint

Date ____/____/____

Signature of JFS Staff

Date ____/____/____



EXPLANATION OF THE RESOLUTION OF THIS COMPLAINT

This complaint has been resolved to my satisfaction

OR

This complaint has NOT been resolved to my satisfaction and I am requesting the following action:

subsequent appeal

formal grievance filed

review by JFS Board of Directors

Signature of Person Filing Complaint

_____ Date ____/____/____

A separate sheet will be used by each reviewer as this complaint progresses through the stages of subsequent appeal.