



FORMAL CUSTOMER GRIEVANCE

Fill out the following information and submit to the Program Director or CEO/COO.

Name: _____ Date: _____

Please describe the nature of your grievance (persons involved, date, and times):

How would you like to see this resolved:

Signature of customer: _____

Signature of person assisting with form: _____

Community Options, Inc. Staff to Complete:

Date Received: _____

Meeting with _____ Date: _____
(Customer name, and other persons)

Reviewed by: _____ Title: _____



Reviewer Comments:

Further Actions/Recommendations:

Follow Up with Customer:

Date: _____

Completed by: _____ Title: _____

Comments: _____

CEO/OO REVIEW: _____ **DATE:** _____