



## CLIENT GRIEVANCE FORM

### CONFIDENTIAL AND PRIVILEGED INFORMATION

*Please Print or Type*  
NAME:

CONTACT NUMBER:

EMAIL:

What is the preferred method to contact you?

SANCTUARY PROGRAM YOU ARE INVOLVED WITH:

*(If a Shelter, just put the name of the Shelter, do not print the address)*

WHAT IS YOUR COMPLAINT?\*

HAVE YOU SPOKEN TO A STAFF MEMBER, SUPERVISOR OR THE DIRECTOR OF YOUR PROGRAM?

If yes, which staff person did you speak with about this?

What was the outcome of that conversation?

WHAT WOULD YOU LIKE TO SEE HAPPEN AS A RESPONSE TO THIS COMPLAINT?

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

\*If you need more space, please attach additional sheets