Client Name: _____

Address: _____

Phone/Email: _____

Date Grievance/Complaint Filed: _____

Date Appeal Filed: _____

I would like to file a (check only one): ☐Grievance/Complaint ☐ Appeal

Check the appeal box if you have received a written resolution to your grievance/complaint, and wish to appeal our decision.

Do you need help? If you need help with this form, you may contact anyone whom you trust and feel comfortable with including a parent, guardian, caregiver, supervisor, caseworker, therapist or counselor, teacher or other school staff, lawyer, juvenile probation officer, judge or master, coach, Court Appointed Special Advocate, Department of Aging, responsible party, or any other adult who helps you.

Don't be afraid to file this grievance/compliant or appeal! The law protects you from being punished for filing a grievance/complaint or appeal. If you are scared or concerned that someone may treat you badly or punish you for filing, please discuss this with your Guardian ad Litem or lawyer before completing this form.

1. **Write about your grievance/compliant here**. Please describe, in your own words, what you are concerned about or how your rights were violated. Use additional paper if necessary.

_____

_____

_____

_____

_____

2. **Write what you want to happen here**. Please describe, in your own words, how you would like to see this grievance/complaint resolved. Use additional paper if necessary.

_____

_____

_____

3. **Send your form to**: Copies of your grievance/complaint will go to any of the people whose titles you check. Check as many as you like.

☐ County Caseworker	☐ Intellectual Disability Caseworker
☐ Private Provider Caseworker	☐ Guardian ad Litem
☐ Juvenile Probation Officer	☐ Attorney/Lawyer
☐ Mental Health Caseworker	☐ Court Appointed Special Advocate
☐ Group Home Worker/Staff	☐ Department of Aging

Note: If you receive a grievance/complaint notification, please submit a copy to the supervisor of the Families United Network program or office serving the filing party within 2 days.

4. Is your grievance/complaint urgent? ☐ Please check this box if you think your grievance/complaint is urgent and must be resolved before 7 days. Use the space below to explain why you think your grievance/complaint is urgent.

5. **Signature:** By signing below, I agree with the following statements. If you do not agree with a statement, do not initial it.

- This grievance/complaint is true and necessary. ____ **Initials**
- I have tried other ways to resolve this grievance/complaint before sending this form. ____ **Initials**
- I was not pressured into filling out this grievance/complaint form. ____ **Initials**
- If I needed help in completing this grievance/complaint form I was able to get it. ____ **Initials**
- I understand the grievance policy, and I know when to expect a decision about my grievance/complaint. ____ **Initials**
- I understand the appeal process, and know that I can file an appeal if I am not satisfied with the resolution to my grievance/complaint. ____ **Initials**
- I understand that I will not be punished or retaliated against for filing this form. ____ **Initials**

Your Signature	Print Your Name	Date
Agency Signature	Print Name	Date