

South Central Human Relations Center Grievance Form

This form is to be used by SCHRC clients to inform us of a grievance about the services received. This form will be submitted to the Program Director of the program for which the grievance regards and will be used to initiate an investigation, including interviews with staff, the client/person lodging the grievance, and others who may have information regarding the grievance.

Within ten (10) working days of the written grievance being initially presented, the Program Director will provide a written answer/follow up regarding the grievance.

Client Name: _____

Person Filing Grievance: _____

SCHRC Staff Involved in Grievance: _____

Date of Grievance: _____ Date Grievance Received by SCHRC: _____

Please state the nature of your grievance, and provide as much detail as needed:

Client/Authorized Representative Signature