



Disclaimer	I understand that I have the right to make this complaint and express my concern and complaints without fear of retaliation. I also understand that a CSC staff will give me a timely response within 24-48 hours of receiving this complaint. After the review my issue will be resolved in a timely manner.		
Name		Program	_____ Employment Services _____ Vocational Services
Phone #		Date of Complaint	
Coordinator		Program Manager	
I filled this Form	By myself Yes No With the help of	Handbook Available	Yes No
My Complaint is regarding	<input type="checkbox"/> My Staff <input type="checkbox"/> My Program <input type="checkbox"/> My Colleague <input type="checkbox"/> My Medical Care <input type="checkbox"/> My Finances <input type="checkbox"/> My Employer <input type="checkbox"/> Other		
Please describe your concern			

Do you want us to keep you informed on the progress of your complaint? Yes No

For Office Use Only	
Date the complaint was received and By	
Concern was resolved on	
Follow up with Individual	