

# Community Housing Services

## Person Served Grievance Form



Name

Date Of Complaint

Phone

Address

Program Coordinator

I completed this form By myself: Yes No

With the help of:

Handbook Available : Yes No

My Complaint is regarding

- My Staff  My House  My housemate  My Medical Care  My Activities  My finances  My Family  Other

PLEASE DESCRIBE YOUR CONCERN

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.

### FOR OFFICE USE ONLY

Date the complaint was received and By	
Concern was resolved on	
Follow up with Individual	