## Client Grievance Form

<table>
<thead>
<tr>
<th>Client Information:</th>
<th>Information about the grievance (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Date: _____________________</td>
</tr>
<tr>
<td>Address</td>
<td>Time: _____________________</td>
</tr>
<tr>
<td>City State Zip</td>
<td>Location: ___________________</td>
</tr>
<tr>
<td>Phone with Area Code</td>
<td>If Transcribed by an Employee - Employee Name:</td>
</tr>
</tbody>
</table>

### Indicate the Program Associated With the Grievance:
- [ ] Mental Health Counseling
- [ ] Adoption or Pregnancy Counseling
- [ ] Emergency Services
- [ ] Representative Payee Program
- [ ] Financial Counseling
- [ ] In Home Support Program
- [ ] HIV/AIDS Ministry
- [ ] Immigration Services
- [ ] Domestic Abuse Prevention
- [ ] Other ___________________________________

Name the Employee That You are Working With:
____________________________________________________

Briefly Describe the Nature of Your Grievance:
_____________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

How Would Like Us to Resolve This Issue?
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

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**Forward Report to the Client Rights Specialist:**
Client Rights Specialist
Catholic Charities of the Diocese of La Crosse
448 N. Dewey Street
Eau Claire, WI 54703
**For Agency Use:**

Date Program Supervisor or Executive Director Notified: ____________________________
Date Response Provided to Client: ____________________________

**Agency Action:** Indicate actions taken to address the issue including follow up dates:

<table>
<thead>
<tr>
<th>Action 1</th>
<th>Follow-up Date 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 2</td>
<td>Follow-up Date 2</td>
</tr>
<tr>
<td>Action 3</td>
<td>Follow-up Date 3</td>
</tr>
<tr>
<td>Action 4</td>
<td>Follow-up Date 4</td>
</tr>
<tr>
<td>Action 5</td>
<td>Follow-up Date 5</td>
</tr>
</tbody>
</table>