



### Client Grievance Form

<b>Client Information:</b> <hr/> Name <hr/> Address <hr/> City _____ State _____ Zip _____ _____(_____)_____ Phone with Area Code _____	<b>Information about the grievance (if applicable):</b>  Date: _____  Time: _____  Location : _____  If Transcribed by an Employee - Employee Name: _____
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**Indicate the Program Associated With the Grievance:**

<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Adoption or Pregnancy Counseling
<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Representative Payee Program
<input type="checkbox"/> Financial Counseling	<input type="checkbox"/> In Home Support Program
<input type="checkbox"/> HIV/AIDS Ministry	<input type="checkbox"/> Immigration Services
<input type="checkbox"/> Domestic Abuse Prevention	<input type="checkbox"/> Other _____

Name the Employee That You are Working With:  
\_\_\_\_\_

**Briefly Describe the Nature of Your Grievance:**

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**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:

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