



Client Complaint/Grievance Form

Every client should have reasonable expectations of care and services provided to him or her while at New Oakland Family Centers. We are committed to addressing situations when those expectations are not met in a timely, reasonable and consistent manner.

Kimberly Smith is available to assist you with completing this form, filing a formal grievance over the phone or to answer questions at (586) 412-5321 ext. 307. Please return this form to: New Oakland Child-Adolescent and Family Center, ATTN: Kimberly Smith, 42669 Garfield Road, Clinton Township, MI 48038.

Name: _____ Date: _____
Address: _____
Phone: _____ Date of Birth: _____

DETAILS OF YOUR COMPLAINT

(Please be as specific as possible with the following [1]please state your concern; [2] date of event; [3] time of event; [4] staff member(s) involved, and [5] location of event. Use the other side of this form if you need more room to write.

Date: _____
signature of reviewer

THIS SECTION TO BE COMPLETED BY THE REVIEWER

Date received: _____ Reviewed by: _____

Action taken: _____

Date client was notified of resolution by mail at address listed above: _____

Date: _____ Signature: _____