



GRIEVANCE FORM

Date:

Person(s) filing grievance:

Address:

Telephone:

Email Address:

Brief Statement of Grievance:

Steps taken to resolve the issue, if any and who is aware of this issue:

Signature

Date

(Signature denotes permission to release the above information with appropriate and/or other significantly involved parties and also gives the agency permission to provide a written response to this complaint.)

Response of Wings Support & Recovery Staff:

Signature

Date

Date and name of individuals and/or agency(s) contacted regarding complaint:

Date and response of individuals and/or agency(s):

Date and nature of feedback forwarded to individual(s) filing the grievance:

Please mail, email or deliver this grievance form to:

Wings Support & Recovery
Consumer Advocate
729 Walnut St
Marysville, Ohio 43040
Attn: Client's Rights Officer