



PARTICIPANT GRIEVANCE FORM

The Federation of Families, Miami-Dade Chapter (FOF) values your right to provide feedback, comments, and/or complaints. Your information is considered confidential unless it includes information about illegal activities, child abuse and/or ideas about hurting yourself and/or others.

Please complete the items below:

Today's Date: _____

Your Name (optional): _____

Preferred way to contact you:

Phone: _____

Mailing Address: _____

Email address: _____

I prefer not to be contacted: _____

Other: _____

May we leave a message on your phone?: Yes No

Summary of Complaint/Concern (if you need additional space, please attach a separate sheet of paper):

1-When did it happen? _____

2-Where did it happen? _____

3-What happened? _____

4-Who was involved? _____

5-What would you like to see happen with this situation? _____

Thank you for taking the time to complete this form to provide your comments. If you prefer, you may contact the Executive Director at 786-802-3448. You may also email the form to Janet@fofmiami.org or mail it to:

The Youth & Family Center
111 NW 183rd Street, #110, Miami Gardens, FL 33169
fofmiami@gmail.com * www.fofmiami.org
786-802-3448