

# Deaf Center Grievance / Complaint Form

Date: \_\_\_\_\_ Name of person making the complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Voice / VP / Text

Email address: \_\_\_\_\_

1. Name(s) and Title(s) of participant, if any, who received or provided Deaf Center Service:

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2. Date, place and description of what happened, or policy disagreement:

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3. Reason for the complaint: why do you feel that service, policy or incident was not right or appropriate?

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4. What do you want to see happen that will resolve your complaint?

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5. Any more information that you want to include? (Use additional paper if necessary):

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Time & Date Received by the Executive Director: \_\_\_\_\_