



CONSUMER GRIEVANCE REPORT

Name of Person making Complaint: _____

Name of Program: _____

Name of Person hearing Complaint: _____

Date of Meeting: _____

Statement of Complaint:

Brief Statement of Discussion (Possible solutions, Rejected recommendations):

Follow-up Action(s) Taken	By Whom	Date Initiated	Date Completed

Signature of Person making Complaint

Date

Signature of Person taking Complaint

Date

cc: Consumer
Case Record