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):


<table>
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<tr>
<th>Follow-up Action(s) Taken</th>
<th>By Whom</th>
<th>Date Initiated</th>
<th>Date Completed</th>
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_______________________________  __________________________
Signature of Person making Complaint  Date

_______________________________  __________________________
Signature of Person taking Complaint  Date

cc:  Consumer
     Case Record

10/10/10 rev