

COMPLAINTS AND SUGGESTIONS

Your complaint or suggestion will be reviewed by the Executive Director and relevant managers. You will be provided with a response within 14 days. You have 30 days to appeal any decision.

Thank you for taking the time to help us improve our services.

Date: _____
(i.e. Jan 1, 2007)

Person making complaint/suggestion: _____

Contact Information (*address/phone*): _____

Details (*attach additional pages if necessary*):

Date of Incident: _____

Action Requested: _____

Signature: _____

Received by: _____ **Date:** _____
(SSICS) *(i.e. Jan 1, 2007)*