

**COMPLAINT/GRIEVANCE**

Name of Person filing a complaint/grievance: \_\_\_\_\_

Relationship if not self: \_\_\_\_\_

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

Telephone # \_\_\_\_\_

Date of Filing: \_\_\_\_\_

Do you want any help from an advocate?      Yes       No

Nature of complaint/ grievance: Please include dates, times, and persons involved to the best of your ability.

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How did the above affect you and what would you like to see happen? \_\_\_\_\_

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(Please use other side of this form or attach additional sheet if needed)

Please mail or leave this written form with the receptionists for our **Consumer Rights Officer, Jennifer Fiorillo**. Ms.Fiorillo will complete an investigation within twenty-one (21) calendar days of receiving your complaint. She will contact you for further information.