



**Catholic Community Service
Grievance/Complaint Form**

Date of Situation: _____ Time: _____ AM PM CCS Employee Involved: _____

Location: _____

Description of Situation: _____

(For additional space use back of form)

What Action Would You Like Taken: _____

Person Filing Grievance: _____ Phone#: _____

Mailing Address: _____

If We Have Questions How May We Contact You: _____

Your Signature: _____ Today's Date: _____

Thank you

For Internal Use Only

Program: Transportation Meals Hospice Home Health Adult Day Case Management
 Counseling CCAP CAC EO Family Caregiver Resources

Location: Angoon Craig/Klawock Haines Hoonah Juneau Kake Ketchikan/Saxman
 Skagway Sitka Wrangell Yakutat

Staff Resolving Grievance/Complaint: _____ Date: _____
