



Catholic Community Service Grievance/Complaint Form

Catholic Community Service's (CCS) philosophy is to treat everyone with dignity, care and compassion and to assure reasonable means are taken to meet the needs of those served by our services. CCS is required to comply with governing standards, rules, regulations and laws. CCS strives to ensure that clients, caregivers and other stakeholders are satisfied with the care, treatment and/or services provided and no violations occur.

If you have a concern regarding the care, treatment and/or services provided or feel that your rights have been violated, please complete the questions below to assist us in processing your complaint. **Should you require any assistance in completing this form or need information in alternate formats, please let us know and we will provide assistance.**

Please mail or return this form to:

Catholic Community Service
ATTN: Compliance Officer
1803 Glacier Highway, Juneau, AK 99801
hr@ccsjuneau.org
907-463-6100

1. Complainant's Name:
a. Address:
b. City: State: Zip Code:
c. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/>) Please include area code Telephone Number (Work) () ()
d. E-mail Address:
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Accessible Format of Form Needed? <input type="checkbox"/> Large Print <input type="checkbox"/> Audio Tape <input type="checkbox"/> TDD <input type="checkbox"/> Other (please specify):
3. Are you filing this complaint on your own behalf? <input type="checkbox"/> Yes If YES, please go to Question 7 <input type="checkbox"/> No If no, please go to question 4
4. If you answered NO to question 3 above, please provide your name and address.
a. Name of Person Filing Complaint:
b. Address:
c. City: State: Zip Code:
d. Telephone (Home <input type="checkbox"/> or Cell <input type="checkbox"/>) Please include area code Telephone Number (Work) () ()
e. Electronic Mail Address:
Do you prefer to be contacted via this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>5. What is your relationship to the person for whom you are filing the complaint?</p>
<p>6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. <input type="checkbox"/> Yes, I have permission. <input type="checkbox"/> No, I do not have permission.</p>
<p>7. DISCRIMINATION COMPLAINT ONLY (if not go to Question 8)- I believe that the discrimination I experienced was based on (check all that apply)</p> <p><input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Other (please specify)</p>
<p>8. Date of Alleged Complaint(Month, Day, Year):</p>
<p>9. Where did the Complaint take place?</p>
<p>10. Explain as clearly as possible what happened and all who were involved. <i>(For complaints relating to discrimination, please explain why you believe that you were discriminated against.) Use the back of this form or separate pages if additional space is required.</i></p>
<p>11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i></p>
<p>12. What type of corrective action would you like to see taken?</p>
<p>13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes If yes, check all that apply <input type="checkbox"/> No</p> <p>a. <input type="checkbox"/> Federal Agency (List agency's name)</p> <p>b. <input type="checkbox"/> Federal Court (Please provide location)</p> <p>c. <input type="checkbox"/> State Court</p>

