



**Catholic Community Service  
Grievance/Complaint Form**

Date of Situation: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM CCS Employee Involved: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Situation: \_\_\_\_\_

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*(For additional space use back of form)*

What Action Would You Like Taken: \_\_\_\_\_

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Person Filing Grievance: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

If We Have Questions How May We Contact You: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Thank you

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**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: \_\_\_\_\_

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