



**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

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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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