



2285 BENDEN DRIVE • WOOSTER, OHIO 44691 • TELEPHONE 330-264-9029 • FAX 330-263-7251

Reporting A Grievance

NAME: _____ DATE: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIPCODE: _____ Email: _____

Please describe your grievance, including dates and names of any involved staff, if known:

Describe any attempts you have already made to solve your grievance:

Is there any other information you feel should be considered in evaluating your grievance?

FOR OFFICE USE ONLY:

Date received: _____ Recipient Staff: _____
Date Reviewed by Client Right's Officer: _____
Disposition: _____