



The
COUNSELING CENTER
of Wayne & Holmes Counties

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

NAME: _____ Date: _____
ADDRESS: _____ Phone: _____

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 consider in evaluating your grievance?

ADMINISTRATIVE USE ONLY:

Grievance Received by: _____ Date: _____

Grievance Reviewed by:

Client Right's Officer

Date