



Far Southeast Family Strengthening Collaborative

2041 Martin Luther King, Jr., Ave., SE #304

Washington, DC 20020

(202) 889-1425

(202) 889-2213 Fax

HFTCC Grievance Report Form

The questions below are to be answered by the person making the complaint or by a person acting with the knowledge and consent of the person making the complaint.

Date of Concern: _____

Client Name: _____
(Print)

Address: _____
(Street)

(City)

(State)

(Zip Code)

Phone (with Area Code): _____

Briefly describe your concerns below.

| |
|--|
| _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ |
|--|

Signature of person completing form: _____

For Collaborative Use:

Date Received: _____

Date Response Provided to Client: _____

Collaborative Action: Indicate actions taken to address the issue including follow up dates:

| |
|--|
| _____ _____ _____ _____ _____ _____ |
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