

Associates in Counseling & Treatment, PC
COMPLAINT/GRIEVANCE FORM

Name of Person Filing Complaint:		Date Filed:	
Name of Person Completing this form, if different from above.		Complainant is:	<input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Public Citizen
General Category of Complaint <i>(mark all that apply)</i>	<input type="checkbox"/> Client's Rights Violation <input type="checkbox"/> Safety Concern <input type="checkbox"/> Employee Policy or Labor Law Violation <input type="checkbox"/> Misuse of Funds <input type="checkbox"/> Violation of Laws, Statutes, Regulations <input type="checkbox"/> Other (Explain) _____ _____		
Detailed Description of Complaint: <i>(use additional paper if needed)</i>			
Signature of Person filing Complaint/Complainant			