



COMPLAINT OR GRIEVANCE FORM

Customer Name: _____

Address: _____

_____ Phone: _____

Have you asked someone outside of the Aging & Disability Resource Center to help you with filing and resolving the complaint or grievance? Yes No

If yes, please indicate who will assist you:

Name: _____

Address: _____

_____ Phone: _____

Please describe your complaint or grievance: _____

Requested remedy (what are your ideas on how this issue can be resolved?):

Type of resolution requested:

Informal internal appeal Formal external appeal Formal internal appeal

State Fair Hearing Aging & Disability Resource Center Board meeting

Signed: _____ Date: _____

Name of Customer

Submit form to: Aging & Disability Resource Center, Eau Claire County Courthouse
721 Oxford Avenue - Room 1130, Eau Claire WI 54703