

Center for Positive Change, Inc.

CONSUMER COMPLAINT/GRIEVANCE FORM

Upon completion of this form, please give it to any staff member who will forward it to the Corporate Compliance Officer

consumer name

name of complainant

relationship to consumer

phone #

address city state zip

What is your complaint and/or concern? (Please indicate the person, date, and time.)

consumer/guardian signature

date

THIS COMPLAINT WARRANTS RESPONSE WITHIN ONE WEEK OF SUBMISSION

FOR OFFICE USE ONLY

received by

date

time