

DO YOU HAVE A COMPLAINT?

If you have a complaint that you were improperly denied assistance or a complaint about the manner or quality of legal assistance that you have received, please notify the receptionist or staff person handling your request that you would like to file a complaint. The attached form is included for your convenience in filing a complaint, however you may use whatever format you wish and if you are unable to provide a written statement, we can assist you by transcribing your complaint as you state it orally.

You will then be given an opportunity to present your complaint to the supervisor of the employee or procedure which is the basis of your complaint. The supervisor will hear your complaint and respond to it as promptly as is practical.

If you are not satisfied with the supervisor's decision, you may present your complaint to the Executive Director or the Executive Director's designee, who will hear your complaint and respond to it as promptly as is practical.

If you are not satisfied with the Director or their designee's decision, you may bring your complaint to the Grievance Committee of the Board of Directors. You may have, at your own expense, an attorney or other person present for your complaint to the Grievance Committee.

If you are not satisfied with the decision of the Grievance Committee you may file a complaint with the Legal Services Corporation.

***Approved by the Board of Directors 11/28/89; Updated 2/2/16

CLIENT COMPLAINT FORM-REQUEST FOR REVIEW BY SUPERVISOR

Today's Date

Your Name

Address

Tel. Number

Please describe as specifically as possible your complaint. **Please include the name of the staff person and/or describe the policy against which you are complaining, the date of the incident which is causing your complaint, as well as any other details you wish the reviewer to know.** If you need additional space please ask for another form or additional paper. If you need help in writing your complaint, we can assist you by transcribing what you say.

Signature

Date

IF SOMEONE ELSE WROTE THIS STATEMENT FOR YOU, PLEASE BE SURE TO READ IT CAREFULLY TO MAKE SURE THAT IT INCLUDES ACCURATE AND COMPLETE INFORMATION

**CLIENT COMPLAINT FORM TO EXECUTIVE DIRECTOR OR EXECUTIVE
DIRECTOR'S DESIGNEE**

Today's Date

Your Name

Address

Tel. Number

Please describe as specifically as possible why you feel your complaint has not been adequately resolved. If you need additional space please ask for another form or additional paper. If you need help in writing your complaint, we can assist you by transcribing what you say.

Signature

Date

**IF SOMEONE ELSE WROTE THIS STATEMENT FOR YOU, PLEASE BE SURE TO READ IT CAREFULLY TO
MAKE SURE THAT IT INCLUDES ACCURATE AND COMPLETE INFORMATION**

**CLIENT COMPLAINT FORM- REQUEST FOR REVIEW BY
GRIEVANCE COMMITTEE**

Today's Date

Your Name

Address

Tel. Number

Please describe as specifically as possible why you feel your complaint has not been adequately resolved. If you need additional space please ask for another form or additional paper. If you need help in writing your complaint, we can assist you by transcribing what you say.

Signature

Date

**IF SOMEONE ELSE WROTE THIS STATEMENT FOR YOU, PLEASE BE SURE TO READ IT CAREFULLY TO
MAKE SURE THAT IT INCLUDES ACCURATE AND COMPLETE INFORMATION**

DISPOSITION OF APPLICANT OR CLIENT COMPLAINT

REVIEWING SUPERVISOR:

Action Taken:

Written Communication to Complaining Party:

Complainant Satisfaction:

Signature

Date

EXECUTIVE DIRECTOR OR EXECUTIVE DIRECTOR'S DESIGNEE:

Action Taken:

Written Communication to Complaining Party:

Complainant Satisfaction:

Signature

Date

BOARD OF DIRECTORS GRIEVANCE COMMITTEE:

Action Taken:

Written Communication to Complaining Party:

Complainant Satisfaction:

Signature

Date