



Complaint and Grievance Reporting

Your Name: _____ Today's Date: _____

Your Phone Number: _____ LFS Program: _____

Your Email Address: _____ LFS Location: _____

Your Home Address: _____

Describe your complaint or grievance (*ex. who was involved, what happened, date*):

How would you like to see your complaint/grievance resolved? _____

Signature

Date

Staff Signature

Date