



**Catholic Community Service  
Grievance/Complaint Form**

Catholic Community Service’s (CCS) philosophy is to treat everyone with dignity, care and compassion and to assure reasonable means are taken to meet the needs of those served by our services. CCS is required to comply with governing standards, rules, regulations and laws. CCS strives to ensure that clients, caregivers and other stakeholders are satisfied with the care, treatment and/or services provided and no violations occur.

If you have a concern regarding the care, treatment and/or services provided or feel that your rights have been violated, please complete the questions below to assist us in processing your complaint. **Should you require any assistance in completing this form or need information in alternate formats, please let us know and we will provide assistance.**

Please mail or return this form to: **Catholic Community Service, ATTN: Compliance Officer, 419 6<sup>th</sup> Street, Juneau, AK 99801. Email: [compliance@ccsjuneau.org](mailto:compliance@ccsjuneau.org). Phone: 907-463-6162**

<b>Complainant's Name:</b>		<b>Telephone Number:</b>	
<b>Mailing Address:</b>			
<b>Email Address:</b>			
<b>How do you wish to be contacted:</b>	<input type="checkbox"/> phone	<input type="checkbox"/> mail	<input type="checkbox"/> email
<b>Are you filling out this complaint on your own behalf?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If no, name of person filing out this form:</b>		<b>Telephone Number:</b>	
<b>Mailing Address:</b>			
<b>Email Address:</b>			
<b>How do you wish to be contacted:</b>	<input type="checkbox"/> phone	<input type="checkbox"/> mail	<input type="checkbox"/> email
<b>What is your relationship to the complainant?</b>			
<b>Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:</b>	<input type="checkbox"/> Yes, I have permission.		<input type="checkbox"/> No, I do not have permission.
<b>Date of Alleged Complaint:</b>		<b>Where did complaint take place?</b>	
<p><b>Explain as clearly as possible what happened and all who were involved. Describe all of the persons involved in the situation, including their contact information if known. <i>(If you believe that you were discriminated against, please explain why.)</i> Write response on next page.</b>  <i>Use back of this form or separate pages, if additional space is required.</i></p>			

**Please list all witnesses and their contact information including phone number. Use back of this form or separate pages, if additional space is required.**

<b>If the complaint relates to discrimination, what is your experience based upon?</b>	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Other <i>(please specify)</i>	<b>Have you filed a complaint relating to this complaint with a local, State or Federal agency or court?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**What type of corrective action would you like to see taken?**

**Please provide any additional information you feel will help your case:**

**\*\* You may attach any written material, media or other information you think is relevant to your complaint.**

**Signature and date is required.**

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

*If you completed this form on behalf of complainant, your signature and date is required below.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**For Office Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Investigated by: \_\_\_\_\_

Date Resolved: \_\_\_\_\_