

Complaint/Grievance Form

Tulip City

Traverse City

Twin City

Michiana

NAME: _____

DATE: _____

ID# _____

PHONE: _____

1. Please provide a one or two sentence description of your complaint.

2. Please describe the nature of your complaint in full detail indicating what happened, when the event occurred and who was involved. If additional space is needed, use the reverse side.

3. Indicate when and with whom you have already spoken regarding this grievance and what attempts have been made to correct it.

4. Indicate what specific resolution you are seeking or recommending.

I hereby certify that the statements made pertaining to my complaint are truthful and accurate.

Signature of Complainant

Date