Consumer/Applicant Grievance Form

This form is designed for use when attempts to resolve problems with the worker, supervisor, and the associate director have not been successful. Consumers and applicants are encouraged to discuss their concerns with the service team prior to filing a grievance. Upon completion, please direct this form to:

Office of Client Rights
Franklin County Children Services
855 West Mound Street ~ Columbus, Ohio 43223
614-275-2621 ~ 614-275-2755(fax)
cro@fccs.co.franklin.oh.us

Name:		Date:
Address:	Zip:	Phone:

Please state your grievance below. Additional pages may be attached to this form.

Please answer the following Questions.

Who have you spoken to regarding your concern?
What have you done to resolve your concern?
What would it take to resolve your concern?

Sign here: _____

Distribution: Original (white): Office of Client Rights Copy (yellow): Consumer/Applicant