



ALLIANCE FOR COMMUNITY TRANSFORMATIONS

PO Box 2075, Mariposa, CA 95338, (209) 742 - 6456, www.alliance4community.org

Grievance Reporting Form

The Alliance is committed to ensuring that your needs are met and that you receive respectful and appropriate treatment by all staff. If you feel you have been unfairly or poorly treated, please complete the following form; give it to the Executive Director or any other staff person. You may also mail it directly to our office or call with the information provided above.

Name: _____ Date: _____

Address: _____ Phone: _____

Received By: _____ Time: _____ AM PM Date: _____

Statement of Facts:

Use back of sheet for additional comments, if needed

I have read each page of this statement and I confirm that the facts are true and correct.

Client Signature _____ Date _____

How would you like this issue or problem resolved?

Final Disposition:

Closed, Reasons Closed:

Unfounded, Reasons Unfounded:

Acted Upon Action Taken:

Staff Signature _____ Date _____