



Client Complaint Form

Use this form to file a complaint or grievance when:

- You feel you are not getting adequate services or support to meet your identified needs
- You feel you are not getting adequate services or support to successfully meet your individualized plan
- When a decision is made about a service you are getting, and you disagree with the outcome

If you would rather file a **verbal complaint**, contact your **local manager or director**, or call 858.292.2020.

DIRECTIONS

Please answer the questions below. When completed you may either give the form to an Adjoin manager, e-mail the form to corporate@adjoin.org or mail it to:

Adjoin
 Attention: Chief Executive Officer
 9444 Farnham Street, Suite 210
 San Diego, CA., 92123

For details of the grievance steps, you may look at of your client or Veteran Handbook for more information. Please fill in all sections.

PERSON RECEIVING SERVICES:

First Name		Last Name	
Address			
City		Zip Code	
Phone		E-Mail	

COMPLAINT/GRIEVANCE INFORMATION

Date of Incident _____

Staff Person(s) _____

What is the complaint? Describe your complaint. (Attach additional sheets if necessary)

What would you like Adjoin to do as a result of your complaint? (Attach additional sheets if necessary)

STATEMENT OF NON-RETALIATION: Clients have the right to use this procedure free from threats or acts of retaliation, coercion, restraint, discrimination, or reprisal. Clients may not be retaliated against for participating in a Grievance.

CERTIFICATION: I hereby certify that all information submitted on this Complaint/Grievance Form is true and complete to the best of my knowledge and belief.

Client's Signature_____

Date_____