



Empowering Individuals to Strengthen Communities

Client Grievance Report Form

To be completed by Client

Client Name _____

Contact Information (email and/or phone number) _____

Program Name _____

Date of Event _____

Location of Event _____

Describe what happened, including the name of the program member involved.

Date Submitted _____

Email this form by clicking the link below

<mailto:grievance@nadap.org?subject=Client Grievance Report Form>



To be completed by DAS or Designee

Date Received _____

Date of Meeting with Client _____

Describe the findings of the conversation.

Describe actions taken.
