

**YOUTH SERVICE BUREAU OF IL VALLEY
CLIENT GRIEVANCE FORM
(To be completed by the client or person on behalf of the client)**

Client Information:

Name

Address

City State Zip
()

Phone with Area Code

Information about the grievance (if applicable):

If Transcribed by other person:

Date: _____

Name of Person Completing Form: _____

Time: _____

Location: _____

Indicate the Program Associated With the Grievance:

Name the Employee That You are Working With:

Briefly Describe the Nature of Your Grievance: (Attach additional sheet if needed)

Signature of Person Completing Form: _____

Date

Submit Completed form to the Program Supervisor