



Grievance and Appeal Form

If you are dissatisfied with this agency, a member of our staff, or decisions about services that you receive, you may complete this form and give it to the agency's grievances and appeals coordinator so that issues can be resolved reasonably quickly. This form is made available for your convenience, but you may write your concerns down in any way you choose. Or, if you prefer, you may talk to the grievances and appeals coordinator about your concerns.

- We encourage you to express your dissatisfaction openly.
- Your concerns are considered confidential.
- Your services will not be affected if you file a grievance or appeal an action.
- No staff member will treat you poorly if you express your concerns.
- You are entitled to an agency decision regarding your concerns and reasons for the agency's decision.

Today's Date: _____

Name: _____

Address: _____

Home Telephone #: _____

Cell Phone #: _____

Contact Information is Required in Order to Provide a Response

Describe your concerns and what steps you have taken to resolve the problem so far: (Please use additional pages if needed) _____

How would you like to see the problem resolved? _____

*Once you have fully completed this form, return it to the receptionist at the Ledge Hill Drive facility or mail it to: Executive Director, United Counseling Service, P.O. Box 588, 100 Ledge Hill Drive, Bennington, VT 05201.

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