

Metropolitan Family Service  
1808 SE Belmont Street  
Portland, OR 97214  
503.232.0007

### Client Complaint/ Grievance Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_ Phone: \_\_\_\_\_

Please identify where and when we may contact you: \_\_\_\_\_

Date and place of incident: \_\_\_\_\_

Your complaint type:             Informal (has been resolved by discussion with staff)  
    Formal (has **not** been resolved by discussion with staff)

Please describe your concern or complaint (include names of staff members involved):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(please use back of this form or attached additional sheets if more space is needed)*

Have you shared your concerns with the staff member(s) involved?  Yes             No

Does the nature of your complaint involve risk to health and safety requiring a review (within 2 days)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your ideas to resolve issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Signature \_\_\_\_\_

Please mail or give this form to the receptionist, Program Manager or Director of Community Services or Director of Community Schools. If you prefer, mail this form to the MFS Director, 1808 SE Belmont Street, Portland, OR 97214

Received by _____	Sent to _____
Date _____	Date _____

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Metropolitan Family Service  
1808 SE Belmont Street  
Portland, OR 97212  
(503) 232-0007

**Client/Complaint Grievance Response Form**

**Check one box.**

- Level 1 Supervisor and/or Program Manager**
- Level 2 MFS Director of Community Services or Community Schools**
- Level 3 MFS Chief Executive Officer**
- Level 4 MFS Board Executive Committee**

Client's name \_\_\_\_\_ Date \_\_\_\_\_

Please list names of all individuals contacted regarding complaint and the dates of contact

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Please list names of all individuals who have reviewed this complaint

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Please note all documents reviewed regarding this complaint

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Proposed resolution and/or action taken and dates (as applicable)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and title \_\_\_\_\_

If you are not satisfied with the proposed resolution of your complaint, you may appeal this decision to the next level. If you want to appeal, sign and date this form and mail it to the MFS Director of Community Services or Director of Community Schools, 1808 SE Belmont Street, Portland, OR 97214

I hereby request to appeal this decision and request a further review of my complaint.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy mailed to employee by	Date
Copy sent to MFS Director by	Date

Appeal received by	Date
Appeal Level:	
Sent to	Date