



**Disability Development Resources, L.L.C.**

**Complaint/Grievance Report Form**

Consumer \_\_\_\_\_ ID # \_\_\_\_\_

Party submitting the Complaint/Grievance \_\_\_\_\_

Title/Relationship to the Consumer \_\_\_\_\_

Nature/reason of/for complaint/grievance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of incident related to the complaint/grievance \_\_\_\_\_

Time of incident related to the complaint/grievance \_\_\_\_\_

Place of incident related to the complaint/grievance \_\_\_\_\_

Person(s) involved and their titles \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information or circumstance relevant to the complaint/grievance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date report received \_\_\_\_\_ By whom \_\_\_\_\_

Title \_\_\_\_\_ Signature \_\_\_\_\_

Acknowledgement of receipt of complaint/grievance was done:

date \_\_\_\_\_ time \_\_\_\_\_ method \_\_\_\_\_

Action taken \_\_\_\_\_

Resolution \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of resolution \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Copies of completed written report provided to \_\_\_\_\_

Appeal date (if applicable) \_\_\_\_\_ To whom \_\_\_\_\_

Action taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_