



Client Grievance Form

Your Satisfaction: The Salvation Army wants you to be satisfied with our services. It is very important to us. Should you have a concern regarding your experience at The Salvation Army, please complete and return this form to the location where you were seen so we may work together to resolve your concern.

SECTION I: To be completed by the individual with the grievance.

Name: _____ **Date completed:** _____

1. **Please describe your concern:** (Please provide as many details as possible to help us better understand your experience – who, what, when, where, and how. Attach additional pages if necessary.)

2. **What would you consider to be a fair solution to this problem?** (What do you want done, by whom, and by when?)

SECTION II: To be completed by The Salvation Army Representative.

Name: _____ **Title:** _____

1. **Action taken:** (Describe what was done, by whom, and when to resolve the concern.)

Signature: _____ **Date completed:** _____

SECTION III: To be completed while meeting with The Salvation Army Representative.

1. I agree/ disagree with the action taken.
2. **Reason for disagreement:** (Please be specific.)

Signature: _____ **Date completed:** _____