



CLIENT GRIEVANCE FORM

We are sorry that you are not satisfied with the services you received. You may express your grievance by completing this form and mailing to the address below. After the complaint is reviewed and investigated, you will be contacted by a Rebuilding Together representative with a response to the complaint.

Date: _____

Name of the Homeowner: _____

Address: _____

City: _____ State: _____ Zip: _____

Service Provided:

Date of Initial Service: _____

Describe the situation:

Office Use

Date this form was received: _____

On a separate sheet, describe what has been done to remedy the situation?

Employee's Name: _____

Mail to: Rebuilding Together Sacramento, PO Box 255584, Sacramento, CA 95825

916-455-1880