



## 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 it to the address below. You will be notified within one week of receiving the form to inform you of the next steps. The issue will be reviewed and investigated within two weeks, however the length of time can be longer depending on the situation. You will be contacted by a Rebuilding Together representative with a response to the complaint.

The information you provide is confidential and only shared with those within the organization who will investigate the complaint and make a decision.

Date: \_\_\_\_\_

Name of the Homeowner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Provided:

Date of Initial Service: \_\_\_\_\_

Describe the situation: (Use a separate sheet to describe the issue, if needed).

\_\_\_\_\_

### Office Use Only

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