

CONSUMER GRIEVANCE FORM

Family & Children's Service (FCS)

Form # _____

Date Filed: _____

Anyone may file a complaint — consumers, family members, caregivers, providers, guardians, or community members. Fields marked with * are required. Filing a complaint will never result in retaliation, a loss or reduction of your services. All information is kept confidential.

SECTION A — PERSON FILING THIS COMPLAINT

First Name *

Last Name *

Street Address

City

State / ZIP Code

Phone Number *

Email Address

Preferred method of contact

- Phone Email Mail In Person

Preferred language (if not English)

Are you filing on behalf of someone else?

- Yes — I am filing on behalf of another person No — I am filing for myself

If yes — Name of the person you are representing:

Your relationship to that person:

- Family member / Caregiver Legal guardian / Power of attorney Advocate / Attorney Other: _____

SECTION B — YOUR COMPLAINT

Date(s) the issue occurred *

Which program or service is this complaint about? *

- Home care Jersey Assistance for Community Caregiving StateWide Respite Program
- Representative Payee Services Adult Protective Services Volunteer Services
- Medicare Counseling Operation Sleighbells Other

What is the nature of your complaint? (Check all that apply) *

- Denial of service Reduction or termination of service Quality of service
- Staff conduct / Treatment Discrimination Privacy violation
- Delay in service Billing / Financial concern Other: _____

Please describe your complaint in detail *

Include what happened, who was involved, and where it took place.

What outcome or resolution are you requesting? *

SECTION C — STEPS YOU HAVE ALREADY TAKEN

Have you previously spoken to an FCS staff member or supervisor about this concern?

- Yes No

If yes — who did you speak with, and when?

What was the outcome of that conversation?

Do you have any supporting documents or evidence (letters, emails, photos, etc.)?

- Yes — attached Yes — available upon request No

SECTION D — ACCOMMODATION NEEDS

Do you need any of the following to participate in this process? (Check all that apply)

- Language interpretation / Translation Large-print materials Audio format
- Sign language interpreter Assistance completing this form Other accommodation: _____

SECTION E — CERTIFICATION & SIGNATURE

By signing below, I confirm that the information provided in this form is true and accurate to the best of my knowledge. I understand that this complaint will be reviewed confidentially and that I will receive a written response.

Signature

Date

Printed Name of Person Signing

FOR OFFICE USE ONLY — Do Not Write Below This Line		
Received by (name)	Date received	Log number assigned
<input type="text"/>	<input type="text"/>	<input type="text"/>
Grievance Officer assigned	Date acknowledged to complainant	Outcome (circle): Resolved Upheld Denied Referred
<input type="text"/>	<input type="text"/>	<input type="text"/>
Notes / Actions taken:		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

Submit this form to your FCS office by phone, in person, by mail, or by email. | FCS — Family & Community Services