



**Lutheran
Family Service**

For Nothing is Impossible with God

Date Received: _____

Received By: _____

Response Date: _____

Formal Grievance Form – Client or Applicant

Please write a detailed description of your concern including dates, times, individuals involved, etc.?

How have you attempted to resolve this grievance informally with the person(s) with whom you have the concern? _____

If you have not tried to resolve the grievance informally, what prevented you from doing so?

What are you requesting the supervisory staff member to do about your concern?

This form must be mailed to:

Executive Director
Lutheran Family Service
409 Kenyon Rd, Ste C.
Fort Dodge, IA 50501

Signature: _____

Date: _____

You can expect a response within ten business days of the receipt of this form via phone, mail, or email.

We request the following information to respond to your complaint.

Name: _____ Phone Number: _____

Email: _____ Address: _____