The Child Center
A Circle of Care for Children and Families

Grievance Problem Solving Information Form

Client Name: _____ Date of Birth:_____

Phone #: _____Address: _____

Today's Date:_____

Provider Name: _____ Date of Service (if applies):_____

Please explain your grievance, complaint, or concern as fully as you can. You may use more paper, if necessary.

_____

_____

_____

_____

Tell us what you think should be done. You may use more paper, if necessary.

_____

_____

_____

_____

Signature of Patient or Authorized Representative: _____

Send or return to The Child Center, 3995 Marcola Road, Springfield, OR 97477

If you need assistance completing this form, please call The Child Center at: 541-726-1465.

You will receive a response from our agency within five (5) business days of the date submitted.