

STATEMENT OF CONSUMER GRIEVANCE

Your Name (please print) _____

Address _____

Telephone _____

Fax _____

Email _____

Date of Occurrence: _____

Provide a brief description of the situation: _____

Your Suggested Remedy: _____

Signature of Consumer: _____ Date: _____

Resolution:

Program Manager and/or Designee: _____ Date: _____

Lead Agency Office Administrator: _____ Date: _____