

# Bennington County Child Advocacy Center & Special Investigations Unit

## Grievance Form

If you are dissatisfied with this agency, a member of its staff, or services that your family received, you may complete this form and return it to the agency.

Our goal is to resolve any issues within a reasonable timeframe. This form is made available for your convenience, but you do not have to use the form. If you prefer, you may speak to the Executive Director about your concerns.

We encourage you to express your dissatisfaction openly. Your concerns are considered confidential. BCCAC/SIU services will not be impacted as a result of your filing a grievance. No staff member will treat you differently if you express your concerns. You are entitled to an agency decision regarding your concerns and reasons for the agency's decision. Please complete this form. Please ask for assistance if you need it.

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

Name: \_\_\_\_\_

(required to provide a response)

How would you prefer we contact you?  Telephone  Email  Regular Mail  Text Message

Contact information: \_\_\_\_\_

Describe your concerns and any action you have taken to resolve the problem so far:

(Please use additional pages if needed)

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How would you like to see the problem resolved?

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