



Choices, A Community Social Center, Inc.

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Grievance Form

Please print or type. Keep a copy of the completed form for yourself.

(If you need to use additional paper, please request a blank piece(s) of paper and attach it to this form.)

Name: _____ Date: ____________

Address: _____

City: _____ State: _____ Zip: _____

Phone _____
(HOME) (WORK) (OTHER)

STATEMENT OF GRIEVANCE

RELIEF REQUESTED