



## Complaint Form

The purpose of this form is to assist you in filing a complaint or concern regarding a staff person(s) providing vendor services within the Family Voices Network or with JJ Flex Fund Services. **All information requested on this form is required.**

**1 Your name and address:**

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

Agency and department: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

**2 Person(s) and/or agencies involved in Complaint:**

Name (s): \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone Number \_\_\_\_\_

**3 What are the most convenient time and method for us to contact you about this complaint?**

\_\_\_\_\_

**5 Please explain as clearly as possible, the nature of your concern/complaint**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Have you attempted to review and process this concern/complaint with the applicable party, prior to forwarding this form to CCNY?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the outcome? \_\_\_\_\_

\_\_\_\_\_

**Complaint Form (Cont.)**



7. Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint. **(If none -please note "none available")**

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

Contact Info: \_\_\_\_\_

8. Do you have any other information that you think is relevant to our investigation of your complaint or concern?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What remedy are you seeking for this item of complaint/concern?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information you think is important for us to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please note that upon request, the individual and affiliated agency named in this complaint has the right to receive a copy of this report***

**Complaint Form (Cont.)**



If it is outside of CCNY’s scope of authority or responsibility in processing and resolving this complaint, we will assist you in forwarding the item to the appropriate party.

You should receive notice of receipt of this complaint via a follow up phone call or email to acknowledge and discuss this item further within 1 business day from time of receipt.

Please contact Katie Miller at 855-0007 ext. 314 if you need assistance with this form or have other questions related to submitting your complaint/ concern.

Please scan and email this form to [kmiller@ccnyinc.org](mailto:kmiller@ccnyinc.org) or fax to ATTN of: Katie Miller via (716) 855-0004

***We will not accept a complaint if it is not signed. Please sign and date this complaint form below.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please feel free to add additional sheets to explain the present situation to us and/or provide additional documentation if available.

---

**Do Not Write Below.** This area is for CCNY use/record keeping only:

Date/time of complaint form receipt \_\_\_\_\_

Received by \_\_\_\_\_

If received by CCNY staff other than Katie Miller, please forward.

Initial follow assigned to \_\_\_\_\_