

**Client Complaint Form**

KOOTASCA Community Action, Inc.  
201 NW 4<sup>th</sup> St. Suite 130, Grand Rapids, MN 55744  
Phone: 218-999-0800; 1-877-687-1163; MN Relay: 1-800-627-3529

Dear Client,

If you have a complaint about the Agency staff or services take the next steps:

1. Contact the staff person. Try to resolve the process informally. Tell them what happened, who was involved, and when it happened. If you are not happy with the response complete step 2.
2. Complete the next questions. (Use the back of this form if you need more room).
  - a. What happened?
  - b. Who was involved?
  - c. When did this happen?
  - d. What do you feel will solve the problem?
3. Make a copy of this finished form for yourself.
4. Submit your form to the Human Resources Coordinator. It will be passed to the supervisor. Take step 4 if this did not resolve the problem.
5. Mail a copy of this finished form to the Executive Director. You should receive a final response within two weeks.

Anyone who wants to file a complaint of discrimination due to disability may use this form. The discrimination may include actions, policies, services, and programs, of the Agency. If your complaint is about a disability, it will be given to the EEO/AA Officer. You may also contact the EEO/AA Officer at 218-999-0807 to help resolve your complaint.

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Use

Date Reviewed: \_\_\_\_\_ Date Customer was Notified of Response: \_\_\_\_\_

\*\*\*This form will be provided in different formats upon request.  
Contact Marta Carrigan at 218-999-0807.\*\*\*