CLIENT GRIEVANCE

It is the policy of the Arizona Coalition to End Sexual and Domestic Violence to provide its programs and services to each client fairly and without discrimination because of race, religion, national origin, color, gender, sexual orientation, age, citizenship, political affiliation, language, marital status, or disability. If you believe you have been treated unfairly by a staff member, agency management is interested in hearing your concerns. After your grievance has been investigated by the Chief Executive Officer or her designee, you will be contacted in writing of an appropriate resolution to your dispute within 14 business days. Thank you for your cooperation.

Please fill in the requested information below and mail or email to:

The Arizona Coalition to End Sexual and Domestic Violence
ATTN: Community Engagement Manager
2700 N. Central Ave, Ste. 1100, Phoenix, AZ 85004
Email: Christa@acesdv.org

Name: ____________________________________________________________
Address: __________________________________________________________
City: ____________________________ State: ____________ Zip Code: ____________
Daytime Telephone: __________________________ Evening Telephone: ____________
Email: ___________________________________________________________

Describe the Event (attach additional paper as necessary):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Date of the Event: ________________________________________________________

Name(s) of Staff Member(s) or Other Individuals Involved:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

_____________________________ ______________________________
Your Signature Date