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: Director of Engagement
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):

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________

Date of the Event: __________________________

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

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Your Signature __________________________ Date __________________________