



CLIENT SERVICES GRIEVANCE FORM

If you need help completing this form, please contact:

Limited English Proficiency Coordinator – Jennie Moore, 920-734-9192, extension 122

Equal Opportunity Coordinator/Complaint Investigator– Anne Muller, 920-734-9192, extension 119 or

NAME OF COMPLAINANT: _____
COMPLETE ADDRESS: _____
TELEPHONE: _____

Date of incident: _____

Describe the action or treatment you believe you were discriminated based on your race, color, religion, national origin, sex, pregnancy status, sexual orientation, gender identity, gender expression, age, disability, physical condition, genetic information, veteran status, or any other characteristic protected by federal, state, or local law. Please be as specific as possible as to when and where the situation occurred, who was involved and what happened. Please include witnesses and phone numbers if you know them. Add additional pages as needed. Grievances must be made within 180 days of the incident:

Describe briefly what you believe should be done to resolve this situation. Use additional pages if necessary:

SIGNATURE: _____ DATE: _____

Mail/Email completed form to: Anne Muller, Pillars, 605 E. Hancock Street, Appleton, WI 54911 amuller@pillarsinc.org

Federal civil rights laws prohibit discrimination of MEMBERS, APPLICANTS, ENROLLEES, AND BENEFICIARIES in any programs and activities that receive Federal financial assistance and that are run by State Agencies (DHS/DCF) directly or by its partners, local agencies, and contractors. Those laws prohibit recipients and subrecipients of Federal financial assistance from discriminating based on race, color, national origin, sex, pregnancy status, sexual orientation, gender identity, gender expression, age, disability, physical condition, genetic information, veteran status and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against for opposing discrimination. If you were wrongfully denied services, or if the treatment you received was separate or different than others received, or if the program was not accessible to you, and you believe it was because of one or more of those protected bases, it may be discrimination. The precise nondiscrimination requirements depend on which Federal agency funds the program or activity.

Grievance information can also be found on Pillars, Inc. website.

The information below is to be completed by the person at Pillars, Inc. who receives your complaint and investigates it. Acknowledgement of complaint will be made within 5 business days of receipt.

Date Received	Received By	Title
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Agency

Actions and Individual(s) to be investigated:

Findings (Must be completed within 90 days):

Action Taken:

Further action required? If yes, what action is recommended?

