

CLIENT GRIEVANCE FORM

Client satisfaction with services with Del Oro is of greatest importance to our staff. We always encourage clients to talk with their Family Consultant to resolve the issue. If a client feels his/her concern has not been resolved, please complete the following form and return to Michelle Nevins, Executive Director, to 8421 Auburn Blvd., Suite 265, Citrus Heights, CA 95610, via email at mnevins@deloro.org or via FAX at (916) 728-9313.

To ensure confidentiality, only information relevant to the complaint will be released to the responding party.

**Part I. Client Information**

|  |
| --- |
| Name: |
| Please share your concern(s): *(Please use the back of form, if necessary)* |
| What action would you like to occur to resolve your concern(s): |
| Signature: Date:  |

**Part II. Del Oro Caregiver Resource Center:**

|  |
| --- |
| Date Grievance Received: |
| Steps to Investigate Grievance: |
| Final Grievance Solution(s):  |
| Signature: Date:  |

**Part III. Client Response**

|  |
| --- |
| \_\_\_\_\_ I am satisfied with the recommended grievance solution.\_\_\_\_\_ I am not satisfied with the recommended grievance solution. *If you received services funding by Agency on Aging, Area 4 (AAA4) and you are dissatisfied with the results, you may send a written statement to Agency on Aging, Area 4 at 1401 El Camino Ave., 4th Floor, Sacramento, CA 95815. Please include the results of Del Oro’s review in your correspondence*.  |
| Grievant Signature: Date: |
|  |