



Multnomah County Department of Community Justice

GRIEVANCE / COMPLAINT FORM

Today's Date: _____

Person Making Complaint: _____

Address: _____ Phone: _____

Please tell us what the problem is. Include date/time/place/people involved.

What have you tried to do to solve the problem? _____

How can the problem be resolved? _____

Complainant Signature: _____

THIS SECTION TO BE COMPLETED BY OFFICE ONLY

Date Received: _____ Reviewed by: _____

Resolution: _____

Date complainant notified of resolution: _____ By Phone Mail Other

Copy to complainant

Copy kept in unit manager's files