



Complaint / Grievance Form

Name: _____ Date of Complaint/Grievance: _____

Address: _____

Phone Number: _____

Email Address: _____

Name of Staff Complaint/Grievance is Being Filed Against: _____

By filing this complaint/grievance, you are making a complaint regarding the services you are receiving by Camelot Care Centers. You might have concerns for the way in which you have been treated by a staff member(s). Please describe in detail your complaint/grievance. Thank you for taking your time to voice your concerns.

Description of Complaint (Attach additional sheets of paper if needed):

For Camelot use only:

Complaint Received by: _____

Date Received: _____

Explanation of the resolution of this complaint/grievance:

For person who filed complaint/grievance (to be completed after the resolution was entered by Camelot)

This grievance has been resolved to my satisfaction: Yes No

Any additional comments:

Signature of Person who filed complaint/ grievance

Date