

# 211 Orange County Grievance Form

Use this form if you wish to express dissatisfaction with any aspect of service from 211 Orange County. This is called a **grievance**.

To express your dissatisfaction without completing and submitting a form, you may ask to speak to the Supervisor or call the Director at 714-589-2350.

Complete the form and email it to [Info211@UnitedWayOC.org](mailto:Info211@UnitedWayOC.org) to submit your grievance.

## Client information:

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## Program information:

Name of program where client is receiving services? \_\_\_\_\_

**If you are completing this form to file a grievance, please briefly describe your concern or dissatisfaction (what happened).**

**If you are completing this form, but you are not the client receiving services, what is your relationship to the client?**

Relationship \_\_\_\_\_ Your name \_\_\_\_\_

Your phone number \_\_\_\_\_

\_\_\_\_\_  
Signature of client or authorized representative

\_\_\_\_\_  
Date