

Reach For Your Potential Formal Complaint/Grievance Form

Reach For Your Potential, Inc. strives to provide the best possible services for the members, personnel, and other stakeholders. We appreciate the feedback we receive and are always open to suggestions for improvement.

If you feel you have been negatively affected by a circumstance and you would like to submit a formal complaint to the Executive Director and/or Administrative Staff, please complete and return this form to the RFYP Main Office within 30 days of the incident. You will receive a written reply within 10 working days from the Executive Director describing the actions that RFYP will take to resolve the issue. If you are not satisfied with the resolution, you have 10 working days to appeal and submit an additional written complaint to the Board of Directors. At no time during this process will you be subjected to any form of retaliation. Assistance is available to you to complete this form, if needed.

Date: _____ Name: _____

Address: _____

Phone Number: (____) _____

Relationship to the agency: **(circle one)** Member Guardian Staff Other Stakeholder

Date of circumstance causing your complaint: _____

Where did the circumstance occur? _____

Have you communicated with any other RFYP staff about this complaint? YES / NO

If Yes, who did you communicate with? _____

Date you communicated with this staff member _____

Please describe the circumstances causing your complaint below: _____

Please describe the outcome or resolution you are seeking below:

Signature

Date