



DISABILITY
COMMUNITY
RESOURCE
CENTER

DCRC Member Grievance Form

For your convenience, this form can be used to put your grievance in writing. You are also free to write your own letter. If you need assistance in writing your grievance, please make a request and a staff person will be provided to assist you.

Please print.

Date: _____

To: _____
(Staff, Program Manager, Executive Director)

From: _____
(your name)

Date of Birth: _____

This is my written statement of a complaint about events that occurred on:

(Give date or dates that the cause for the complaint began and ended or is continuing.)

The following occurred or has been occurring:

(Explain the events, actions, remarks, circumstances, and the individuals involved.)

Disability Community Resource Center - www.dcrc.co

12901 Venice Boulevard, Los Angeles, California 90066

(310) 390-3611 **Voice** ☎ (310) 398-9204 **TTY** ☎ (888) 851-9245 **Toll-Free**

Optional: The ways in which I have been affected by the problem are:

(Explain the ways in which you feel that you have been harmed, inconvenienced, or otherwise troubled by the situation.)

Optional: The solution or remedy I am seeking is:

(Explain what you would like us to do to correct the situation.)

Member Signature

Date

Every effort will be made to resolve your grievance at the lowest possible step in the procedure so as not to prolong any difficulty or problem.