

**CLIENT GRIEVANCE FORM
BIG SKY AUTISM PROJECT**

Please complete this form in its entirety. All information is kept confidential unless legal proceedings are required. In such an instance, any statements made on this form may be entered on public record as evidence. Please submit completed form by email to Desiree.BSAP@gmail.com or mail to: Big Sky Autism Project, c/o Board of Directors, PO Box 842, Townsend, MT 59644.

NAME OF PERSON FILING GRIEVANCE: _____
MAILING ADDRESS: _____
CITY: _____ STATE & ZIP: _____
PHONE: _____ EMAIL: _____

GRIEVANCE DETAILS

DATE OF INCIDENT (IF APPLICABLE): _____ TIME: _____

LOCATION OF INCIDENT: _____

WHO OR WHAT IS THE SUBJECT OF YOUR GRIEVANCE: _____

SUMMARY OF GRIEVANCE:

WITNESS NAME (IF APPLICABLE): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

GRIEVANCE OUTCOME

AS A RESULT OF SUBMITTING THIS GRIEVANCE, WHAT IS THE OUTCOME YOU ARE SEEKING:

Upon signing this form, electronically or handwritten, I acknowledge that the statements made on this form are true and accurate. I understand that I may seek legal counsel at any time at my own expense. I agree that should legal proceedings be required I will appear in court as a witness to give evidence and testify to the truth of this complaint.

SIGNATURE OF SUBMITTER

DATE