



proud past, promising future

CLARK COUNTY  
WASHINGTON

# Clark County Regional Support Network Complaint/Grievance Form

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_:\_\_\_\_ A.M. / P.M.

NAME OF PERSON REGISTERING  
THE COMPLAINT/GRIEVANCE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ STATUS:  CONSUMER  FAMILY  OTHER

NAME OF CONSUMER,  
if different from person registering complaint/grievance: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

NAME OF PERSON RECORDING  
COMPLAINT/GRIEVANCE: \_\_\_\_\_

NATURE OF COMPLAINT/GRIEVANCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAFF INVOLVED: (If applicable) \_\_\_\_\_

**RESOLUTION: (Resolved/Unresolved)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLAINT/GRIEVANCE CODE: \_\_\_\_\_ DATE OF RESOLUTION: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF FIRST ACTION: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE LETTER SENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

REFERRED TO: (If applicable) \_\_\_\_\_

PLEASE FORWARD A COPY TO  
Clark County Department of Community Services – Regional Support Network  
Phone: (360) 397-2130 Fax: (360) 397-2490  
1610 “C” Street – Suite 200 – Vancouver, WA 98663