

Community Brain Injury Services

COMPLAINT/GRIEVANCE FORM

Member/Client
Name: _____ Telephone: _____

Member/Client Address: _____

Service: _____ **The Mill House** _____ **The Denbigh House** _____ **Case Management**

Title VI Transportation _____

Details of incident

<i>Date</i>		<i>Time</i>	
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<i>Location</i>	
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Description of Incident

Mail Complaint/Grievance Form to:

CBIS

Jason Young, Executive Director

9211 Arboretum Parkway Suite 100

North Chesterfield VA. 23236

E-mail: Jason@communitybraininjury.org