UNIVERSITY COUNSELING CENTER
UNIVERSITY OF NORTH DAKOTA

University Counseling Center
McCannel Hall, Room 200
2891 2nd Avenue N., Stop 9042
Grand Forks, ND 58202-9042
Phone: 701.777.2127 Fax: 701.777.4189

CLIENT COMPLAINT/GRIEVANCE FORM

Client Information:

Client Name: _____ Student ID#:_____

Local Address: _____

Phone Number: _____ Date of Birth: _____

Complainant Information:

Name of person filling out form if other than client: _____

Mailing Address: _____

Phone Number: _____ Relationship to Client: _____

Time & Date of Incident: _____ Name of Staff Involved (if known):_____

In your own words, please identify your complaint or concern:

As a result of your complaint, what would you like to see happen?

I understand that staff investigating this complaint may need to see and review health records, but that all information will be kept confidential. I further understand that this complaint/grievance will in no way affect any care provided.

Signature _____ Date _____

Thank you for taking the time to bring your complaint to our attention. You should receive a response within 30 days. Please complete and submit this form by either mailing, hand delivering, or faxing to the University Counseling Center.

---------- **Office Use Only** ----------

Date complaint received: _____Received by: _____

Reviewed by: _____

Notes: