# ALLELUIA

Financial Management System
Consumer Grievance Report

Alleluia is committed to providing excellent consumer services. Before completing a formal grievance form, consider communicating directly with those involved to resolve the situation in the quickest way possible.

Instructions: If you are unsatisfied with Alleluia's services, you may use this form to file a grievance. The complaint will be reviewed and investigated. Keep a copy for your records and send the original to the Executive Director at Alleluia. You will be contacted by the investigator for further information if necessary. A summary of actions taken and final results will be sent within 30 calendar days.

Participant Name: _____

Person completing the form: _____

Address: _____

Email: _____Phone number: _____

Participant Regional Center: _____

Complaint relationship to Alleluia, check one:

☐ Participant ☐ employee ☐ representative/guardian ☐ other

_____

What is the situation:

What has been done to resolve it:

What would you like to happen to resolve it:

_____
*(Complainant Signature)*

_____ _____
*Signed by (print name)* *Date*