

**CONSTITUENT GRIEVANCE FORM**

**Constituents have the right to bring grievances without fear of reprisal or of being deprived.**

**Instructions:** Constituents must complete **Section I** and submit this form, along with any supporting materials, to the Program/Facility Director or to his/her Case Manager. If the subject of this form concerns that Director or Case Manager, Constituents should submit this form to the Department of Social Services (DSS) Office of the Ombudsman, 33 Beaver Street, 20th floor, New York, NY 10004.

Any Director or Ombudsman staff, receiving a completed form must complete **Section II** and return it to the Constituent within seven (7) business days.

**Section I** (To be completed by the Constituent):

Name: \_\_\_\_\_

Address/Facility/Program: \_\_\_\_\_

Social Security/Case Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Describe the Grievance (attach additional sheets and supporting documentation, as appropriate):**

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