



**Community Counseling Center
of Central Florida, LLC**

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Masters-Level Intern

Rebecca Soto, B.A.
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Complaint, Grievances, & Appeals Form

Date: _____ Therapist: _____

Client Concern:

Action take by Therapist/Therapist Supervisor to Resolve the Problem:

Outcome:

Signature of Client

Date

Signature of Therapist

Date

Signature of Clinical Supervisor

Date