



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

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2021 Grievance Form

NAME: _____ **Date:** _____

I AM STATING MY FORMAL GRIEVANCE AS FOLLOWS:

MY PROPOSED SOLUTION IS:

COMPLAINANT

SIGNATURE: _____ **DATE:** _____ **TIME:** _____

RESPONSE BY DR. CORRIE KINDYL:

SIGNATURE: _____ **DATE:** _____ **TIME:** _____

I, _____, HAVE REVIEWED THE ABOVE REPLY TO MY GRIEVANCE AND THE GRIEVANCE HAS BEEN RESOLVED TO MY SATISFACTION.

SIGNATURE: _____ **DATE:** _____ **TIME:** _____
COMPLAINANT

I, _____, HAVE REVIEWED THE ABOVE REPLY TO MY GRIEVANCE AND THE GRIEVANCE HAS NOT BEEN RESOLVED TO MY SATISFACTION OR UNDERSTANDING.

SIGNATURE: _____ **DATE:** _____ **TIME:** _____
COMPLAINANT