



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

P.O. Box 161585  
Altamonte Springs, FL 32716-1585  
W. 407.291.8009  
F. 407.770.5503  
www.ccccf.org

2021 GRIEVANCE PROCEDURE

**Anytime you think that an action taken by an CCCCf representative is unjust, or you believe that you are being treated unfairly, or you are dissatisfied with services, you can make a complaint. This complaint is called a grievance. To file a grievance, this is the procedure to follow:**

- 1) First, if possible, try to work out the issue with staff member or you can contact the CCCCf Representative Dr. Corrie Kindyl directly.**
- 2) If this is not successful, write out your grievance on one of the Grievance Forms posted in our clinic or on our website. You can then mail, email, fax, or leave the form in an unmarked envelope at our office.**
- 3) Within fifteen (15) working days, Dr. Corrie Kindyl will discuss the grievance with you and try to resolve the matter. She will write you as to what, if any, action will be taken on your grievance.**
- 4) If you are not satisfied with Dr. Kindyl's decision, you have the right request a formal hearing within CCCCf. You may make this request to Dr. Kindyl.**
- 5) You always have the right to take your grievance further to the Florida Local Advocacy Council at 1-800-342-0825.**
- 6) All grievances will be reviewed by Dr. Corrie Kindyl.**

**NOTE:**

**NO ACTION WILL BE TAKEN AGAINST YOU FOR FILING A GRIEVANCE.**

**The Grievance Procedure has been explained to me and I understand its contents:**

\_\_\_\_\_  
**Client's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian or Authorized  
Representative Signature (if available)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CCCCf Representative Signature**

\_\_\_\_\_  
**Date**