

UNITED COMMUNITY OPTIONS OF BROWARD, PALM BEACH,  
AND MID-COAST COUNTIES, INC.

1.0

2.0 GRIEVANCE FORM

Individual Initiating Complaint: \_\_\_\_\_

Relationship to individual served: \_\_\_\_\_

Name of Individual Receiving Services: \_\_\_\_\_

Date Complaint Reported: \_\_\_\_\_ Date Complaint Received: \_\_\_\_\_

Description of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Resolution of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Final Resolution Reviewed with Individual Initiating Complaint: \_\_\_\_\_

Response to Resolution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Please send form to:

Attention: Claudia Scott, Human Resources Manager  
3117 SW 13<sup>th</sup> Ct. Fort Lauderdale, FL 33312  
Phone: 954-584-7178  
Fax: 954-584-3151  
Email: [claudiascott@uco-ucpsfl.org](mailto:claudiascott@uco-ucpsfl.org)

QA: My Documents\Quality Assurance\Grievance Policy Broward

UNITED COMMUNITY OPTIONS OF BROWARD, PALM BEACH,  
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1.0  
2.0 FORMA DE RECLAMO

Nombre de la persona que hace el reclamo: \_\_\_\_\_

Relación con el reclamante: \_\_\_\_\_

Nombre de la persona quien recibe el servicio: \_\_\_\_\_

Fecha del reclamo: \_\_\_\_\_ Fecha en que el reclamo fue recibido: \_\_\_\_\_

Descripción del reclamo:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolución final del reclamo:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fecha final a la respuesta del reclamo: \_\_\_\_\_

Respuesta a la resolución del reclamo:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_ Fecha: \_\_\_\_\_

Director Ejecutivo: \_\_\_\_\_ Fecha: \_\_\_\_\_

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