# CLIENT COMPLAINT FORM

We want to hear from you. This form is provided as a convenience. You do not have to use this form to make a complaint. If there is not enough space here, you are welcome to write on the back of this form or to attach additional sheets.

## YOUR INFORMATION

- What is your name? ____________________________
- Date of complaint: ____________________________
- Name of LCCR client involved: ____________________________
- If you are not the LCCR client involved, what is your relationship to the LCCR client? ____________________________
- What is your preferred phone number? ____________________________
- Do you have any other phone numbers that you use? ____________________________
- What is your mailing address? ____________________________

________________________________________________________________________

## WHAT IS YOUR COMPLAINT?

- What is the name of the LCCR employee or employees about whom you are complaining? ____________________________

What is your complaint? ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you tried to talk to the LCCR employee or employees about this? If so, what happened? ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

## WHAT SHOULD WE DO TO HELP YOU?

What would you like to see happen as a result of this complaint? ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

You may give this form to any LCCR employee. You may also send it to:
Ariel Test, Supervising Attorney, Louisiana Center for Children’s Rights
1100-B Milton Street, New Orleans, LA 70122
atест@lacr.org

---

Louisiana Center for Children’s Rights: Policies and Practice Protocols
Policy 4.1: Client Complaint Form, Revised 7.1.15