



MY SISTERS' PLACE
Three Barker Avenue, 5th floor
White Plains, NY 10601

CLIENT GRIEVANCE FORM

Today's Date: _____

Name: (print) _____

Address: _____

Telephone: _____ **(is it safe to call you here? Yes or No)**
(safe times to call: _____)

Name of MSP Staff involved (if known): _____

MSP Program involved (if known): _____

Date(s) of incident(s) (if known): _____

Please describe your Grievance: (Please attach additional pages if needed)

Did you discuss your concern with an MSP Supervisor? **YES** **NO**

Name of MSP Supervisor: _____

If YES, please describe the MSP Supervisor's response.

(Please attach additional pages if needed)

How would you like MSP to respond to your concern?

(Please attach additional pages if needed)
