State of Illinois
Department of Human Services

Client Grievance Form

This form should only be used when you feel you were not treated with courtesy, consideration and respect by a Department employee. It is not to be used for appeals regarding your food stamp or assistance case.

NO RETALIATION WILL BE TAKEN AGAINST YOU FOR FILING THIS COMPLAINT OR PROCEEDING WITH THE GRIEVANCE PROCEDURE.

Date Form Completed: _____

Case Number: _____

(Print)

Name: _____

(Street)

Address: _____

City State Zip Code

The questions below are to be answered by the person making the complaint or by a person acting with the knowledge and consent of the person making the complaint.

1. What was the date of the incident?

2. Against whom is your complaint made? Give the name and work address of the person.

3. State the incident that prompted this grievance.

Signature of client filing grievance: _____

Signature of person completing the form (if someone other than the one filing the grievance):

Reset Form Print Form