



## 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  
atest@laccr.org*