TEEN LINE
A program of DIDI HIRSCH

Teen Line Grievance Form

Person filing grievance

Last Name:
First Name:
Age:
Address:
Phone:

Grievance information

Grievance filed against:

Date and Description of grievance:

Desired outcome:

_____ _____
Printed name of person filing grievance Date

_____
Signature of person filing grievance

This form may be sent via mail or e-mail to:

Cheryl Eskin, LMFT
Senior Director
10277 W. Olympic Blvd.
Los Angeles, CA 90067
CEskin@didihirsch.org

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You will receive a response to this grievance within 60 days of the date on this form.

If you are not satisfied with the outcome of your grievance, you can submit an appeal to the Grievance Committee (comprised of program leadership and QI management) within 15 business days of the original resolution letter to:

Shari Sinwelski, LPCC
Vice-President Crisis Care
10277 W. Olympic Blvd
Los Angeles, CA 90067
SSinwelski@didihirsch.org