OUR THIRD PLACE
A program of DIDI HIRSCH

Grievance Submission Form

Your Information

Name of Youth: _____ Date of Birth: _____

Name of Person Submitting Form (if applicable): _____

Phone Number: _____ Address (optional): _____

Program Information

Program Involved: _____ Date of Incident (if any): _____

Description of Complaint or Concern

Please describe what happened and why you are filling out this grievance:

Authorization

By signing below, I understand:

My information will be kept private, except as needed to investigate my complaint.

I will not be punished or discriminated against for submitting a grievance.

Signature: _____ Date: _____

How to Submit This Form

Hand to any staff member or the Program Manager, email it to Compliance@DidiHirsch.org, or mail the form to:

Didi Hirsch Mental Health Services
Attn: Compliance Officer
4760 S. Sepulveda Blvd.
Culver City, CA 90230