SHSSA Client Care / Concern Form

Date: _____

Initiated by: Board Member Staff Client

Individual/Group making with the concern/complaint: _____

Community: _____ **Contact #:** _____

Describe Concern

Requested Action by Originator:

_____ _____

Signature of Originator

Signature of Board/Staff
(not required)

SHSSA ADMIN SECTION

Received by SHSSA CEO on: _____ CEO Initials: _____

Forwarded to _____ on _____

Request briefing note to CEO by: _____