



*The* Legal Aid Society  
of Cleveland  
*Since 1905*

**GRIEVANCE FORM and INSTRUCTIONS**

1. If you have a complaint about the denial of services or the manner or quality of services by The Legal Aid Society of Cleveland, you may make a complaint either in writing or orally to the Managing Attorney or the Deputy Director.
2. To make a written complaint, complete this Grievance Form and send it to the Deputy Director at 1223 West Sixth Street, Cleveland, Ohio 44113.
3. We will investigate your complaint and a written decision will be sent to you promptly.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

WHAT KIND OF LEGAL MATTER HAVE YOU ASKED LEGAL AID TO HANDLE:

\_\_\_\_\_

BRIEFLY STATE THE ACTION OR DECISION BY LEGAL AID THAT YOU DISAGREE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU THINK LEGAL AID SHOULD HAVE DONE DIFFERENTLY?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE

SIGNATURE