



Client Grievance Form

Client Information:

Name

Address

City

State

Zip

(_____) _____
Phone with Area Code

Information about the grievance (if applicable):

Date: _____

Time: _____

Location : _____

If Transcribed by an Employee - Employee Name:

Indicate the Program Associated With the Grievance:

Immigrant Survivors Program

Legal Orientation Program

Vulnerable Persons in Detention

Name the Employee That You are Working With:

Briefly Describe the Nature of Your Grievance:

How Would Like Us to Resolve This Issue?

Forward Report to ISP's Managing Attorney:

PIRC

PO Box 20339

York, PA 17402

Attn: ISP Managing Attorney