



**Guilford County Family Justice Center**  
**Client Grievance Form**

Client Name (only if you desire to be contacted, you do not need to give this information):

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If you wish to be contacted about the outcome of this grievance, your safe contact phone number or address. (You do not have to fill this out if you do not desire to.):

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Today's date: \_\_\_\_\_

Date you received service (or best guess): \_\_\_\_\_

Name of person(s) whom the grievance/complaint is related to (if applies):

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Please describe in your own words your concerns:

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What could have been done differently or what could the FJC do differently in the future:

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*(Please use back of page if needed)*