



Community Child Guidance Clinic, Inc.
317 North Main Street
Manchester, CT 06040
(860) 643-2101

Client Grievance Reporting Form

As we continue to grow and develop our programs here at CCGC, it is imperative for our leadership to be cognizant of any concerns you may have specific to the service we are delivering. If at any time, you feel that we have not provided quality treatment services for your child, please complete form below, and return it to the receptionist or email it to contact@ccgcinc.org.

We will submit your form to the CEO, Dr. Jamie Bellenoit, PhD, LMFT, and/or her designee to assist her in following up and taking appropriate action about your concern. Dr. Bellenoit or her designee will contact you within one (1) week of receipt.

Thank you in advance for formally expressing your concerns relative to services provided by CCGC.

Client's Name: _____

CCGC Clinician's Name: _____

Parent/Guardian's Name: _____

Name of Person Filing Complaint and Relationship to client receiving services at CCGC Clinic:

Name: _____ Relationship: _____

Phone Number: _____

Please name the specific staff person related to your concern: _____

Please summarize your concerns related to your experience at the clinic below (please attach additional documentation if needed):

Please describe what action you would like to see happen to address your concern:

Signature: _____

Date: _____

For Office Use Only: Outcome

Signed: _____

Date: _____