5104 Oak Park Rd Suite A
Raleigh NC 27612
919-845-5132 Tel
919-870-0205 Fax

1109 Hope Mills Rd
Fayetteville NC 28304
910-486-8705 Tel
910-486-0725 Fax

COMPLAINT OR GRIEVANCE FORM

Name: _____

□Employee □Client

Date Occurred: _____ Date Reported: _____

Statement of Complaint: _____

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Signature: _____

Our agency does our best to represent the best interest of our clients and our employees. Unfortunately, we are not always able to please everyone. Please use this form to voice any complaints or grievances you may have and we will address them to the best of our ability. You may also attach any related documentation. Please follow grievance procedures noted in your handbook.

Please send the form to the Raleigh Headquarter Office:

Fax: 919-870-0205 OR Email to: mhdsral@doulanc.com
OR
Mail to: 5104A Oak Park Road, Raleigh NC 27612