CAN
Community Assistance Network
Helping People. Changing Lives.

NEIGHBOR GRIEVANCE FORM

CAN COMMUNITY CHOICE PANTRY

(Please PRINT)

Name: _____ **Date:** _____

Contact Address: _____

City, State, Zip: _____

Contact Phone: _____

Date of Incident/Issue: _____

I was aggrieved by the following (check all that apply):

- ☐ My request for admission was denied.
- ☐ The services I was receiving were suspended or terminated.
- ☐ The manner or form of the services provided was/is improper.
- ☐ Other (specify): _____

_____

_____

List all parties involved in the incident/issue, including staff: _____

_____

_____

Describe the grievance, clearly and specifically (please attach additional paper if necessary): _____

_____

What is the expected outcome of this grievance submission? _____

_____ _____

Name (Print) Signature

updated 8/27/26 CES