



PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

Lane County Public Health Grievance Form

Client Name: _____

Date of Grievance: _____

Who is this about?

Please describe the circumstances of the grievance, including any attempts to resolve it.

What would you see as a successful outcome to your grievance?

Please attach any documentation you have to support your grievance.

Client Signature

Date

OFFICE USE:

Division Manager Signature

Date received by Division Manager