



Grievance Complaint Form

Name: _____ Date: _____

Telephone Number: _____

Address: _____

Signature: _____

Please check only **one** :

I have been denied services.

I am dissatisfied with services I have received.

Name of attorney that provided services: _____

Nature of Complaint:

Submit your completed complaint form to the Directing Attorney of the CILS office in which you sought or received services. If your complaint was not resolved by the Directing Attorney you may submit your complaint to the Executive Director of CILS at: 609 S. Escondido Blvd., Escondido, CA 92025.