



Oregon Family Support Network

External Complaint Resolution Form

OFSN takes complaints of discrimination, harassment, and unethical or unfair conduct as serious matters. So that we may properly investigate your concern, you are requested to fill out this form as completely as possible. Please use additional sheets of paper where needed. After a prompt and thorough investigation into your complaint, you will receive a response. Should you have any questions about the process, please include them at the end of this form and we'll do our best to answer them. Thank you.

Name: _____ Email: _____ Date: _____

Phone (morning): _____ Phone (evening): _____

Address: _____

City: _____ State: _____ Zipcode: _____

May we leave you a message at the numbers listed above? Yes No

1. Are you appealing a previous decision based on existing or former dispute? Yes No
2. If this is not a new dispute or complaint, please indicate the date it was first reported: _____
3. Please describe in as much detail as possible the nature of your complaint. Please provide or identify all known persons, documents and witnesses to your concerns:

4. What ideas do you have about how the dispute or complaint can be resolved (regardless of whether this is the first report or appeal to a former report.) ?

5. Do you give OFSN consent for OFSN staff to discuss this particular complaint with others who are involved? Yes No
6. Is there someone you would like us NOT to talk to? Yes No
Name(s): _____
7. Please provide any additional comments you wish the company to consider when investigating your complaint.

Signature: _____ Date: _____

Please send completed form to HumanResources@ofsn.net

Statewide Office / 4275 Commercial St SE, Ste 180, Salem, OR 97302 / 503-363-8068(p) / 503-390-3161(f) / www.ofsn.org