MARLENE G. BARRETT
DIRECTOR

KEVIN M. BYRNE
PUTNAM COUNTY EXECUTIVE

PUTNAM COUNTY OFFICE FOR SENIOR RESOURCES
COMPLAINT LETTER FORM

Date: _____

Putnam County Office for Senior Resources
110 Old Route 6, Bld. 3
Carmel, NY 10512

Attention: Deputy Director

I am writing to request a review of the following grievance:

____ I was denied service (Name and date of service _____)

____ I am not satisfied with the quality of service or activity provided by your agency or by your service provider. (Name and date of service _____)

____ I have the following grievance (describe in detail) _____

_____

_____

_____

_____

Please respond to:

Name_____ Phone _____

Address _____

Signature _____

THIS FORM MUST BE FILED WITHIN 30 CALENDER DAYS OF THE EVENT OR ACTION UNLESS YOU ARE GRANTED AN EXTENSION FOR GOOD CAUSE.

Reviewed 12/05, 12/07, 5/15, 10/24