

Meals on Wheels of Rockingham County  
Complaint/Grievance Procedures and Form

Meals on Wheels of Rockingham County strive to offer the best possible service that we can. If for some reason a participant is unhappy with any of the services we provide or feel they have been discriminated against in any way, we would like to hear from you.

1. Name: \_\_\_\_\_

2. Mailing Address:  
\_\_\_\_\_

3. Phone Numbers: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. I have a complaint/grievance that affects me and/or my services under the following program(s):

Home Delivered Meals    Congregate Meals    Transportation

7. What is your complaint or grievance? Please include as much detail as you can. Attache a separate piece of paper if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please identify any special accommodation that you will require to complete this review (such as an interpreter, translator, etc.): \_\_\_\_\_

The Operations Director will review your complaint and contact you within 30 business days to discuss the situation and help find a resolution.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Completed forms can be mailed to: MOWRC, 106 North Road, Brentwood, NH 03833.  
Emailed to [Operations@RNMOW.org](mailto:Operations@RNMOW.org). Complaints can also be made over the phone by calling 603-679-2201 and asking for the Operations Director.

Office Use:

Date form was received \_\_\_\_\_ Date it was reviewed \_\_\_\_\_

Name of person(s) involved in the review  
\_\_\_\_\_

Attach notes regarding this review to this form including resolution of the situation.