

Meals on Wheels of Rockingham County

Complaint/Grievance 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 of person complaint is regarding: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

If this is being filled out on behalf of someone else, please provide your name, phone number and relation to the complainant. \_\_\_\_\_

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.