



Grievance Form

Please complete this form and submit by mail to the director of Masonic Outreach Services, 34400 Mission Boulevard, Union City, CA 94587 or by email to masonicassistance@mhuc.org.

Date: _____ Date of incident: _____

Name: _____ Relationship to client: _____

Phone number: _____ Best time of day to call: _____

Staff members(s) involved in complaint: _____

Please describe the incident and/or your concern: (Attach an additional sheet if necessary):

Please describe the steps, if any, you took to attempt to resolve the situation and the result:
