Life Push, LLC

Client Grievance Form

Please use this form to report any concerns you may have about the service you are receiving or have received. Once the form is completed, please return directly to the Life Push office or you can send the form to contactus@lifepushllc.com. You will receive a call from a supervisor who will address the issue and make sure your complaint is completely heard and processed. It is requested that you attempt to address your concern directly with your assigned staff member before filing an official grievance form if possible. Please feel free to utilize this form if you are not comfortable addressing your concern with your assigned staff member or you have addressed it with them, and no change has occurred. If you need more space to explain your concern, please feel free to add another page to the end of this document.

Date Form Completed: _____

Client Name Receiving Service: _____

Description of Complaint

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Submitter Name: _____

Submitter Signature: _____ Date: _____