

**Healthy Start Coalition of Osceola County, Inc.**

**Complaints & Grievances Form**

Your First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

**Complaint Information**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Please describe the incident in detail:

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**For Office Use Only**

Date Received: \_\_\_\_\_

Date and time of follow-up: \_\_\_\_\_

Notes, including outcome and resolution: \_\_\_\_\_

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Submit your form to [KerriHealthyStartOC@earthlink.net](mailto:KerriHealthyStartOC@earthlink.net) or

Healthy Start Coalition of Osceola County, Attn: Kerri Stephen, PO Box 701995, St. Cloud, FL 34769

For additional information call (407) 891-9199