Grievance Request Form

Family Partnerships of Central Florida
389 Commerce Parkway
Suite 120
Rockledge, FL 32955
Phone: 321-752-4650
Fax: 321-752-4659

CLIENT INQUIRIES AND CONCERNS

Please provide your contact information and mail to: 389 Commerce Parkway Suite 120 Rockledge, FL 32955. You may fax the completed form to:321-752-4659. Our Client Relations Specialist will contact you within five (5) business days of receipt of your request.

For immediate assistance you may contact our Client Relations Specialist at 321-752-4650.

Your Contact Information

Name: _____

Home Phone: ( ) _____ - _____ Cell: ( ) _____ -_____ Work: ( ) _____ - ____ Ext.:_____

Email Address: _____

Mailing Address: _____
_____

City: _____ State:_____ Zip:_____

Name of Care Manager: _____

Select Family Partnerships Location: ○389 Commerce Parkway
○ Central Care Center ○ South Care Center

Name of Child(ren), if applicable:

Your Relationship to Child(ren): ○Self ○Parent ○Foster Parent ○Guardian ○Other Family ○Non Relative Caregiver ○ Relative Caregiver ○ Service Provider ○State Agency ○Other

Please write your questions and/or concerns below. Please be as detailed as possible:

YOUR SIGNATURE:

_____

DATE: _____

Questions or Concerns (Please be as detailed as possible):

Thank you for taking the time to provide constructive feedback. We appreciate your comments and look forward to speaking with you to address your concerns. This form will be processed in our administrative offices in Rockledge, Florida. Note that under Florida law email addresses are public records. If you do not want your email address released in response to a public-records request, do not provide or send electronic mail to this entity. Instead, contact this office by phone or in writing.