

**CHEESAPEAKE VOYAGERS, INC.**  
**Wellness & Recovery Center**

**GRIEVANCE/COMPLAINT FORM**

Today's Date: \_\_\_\_\_

Name of person who is the subject of your complaint: \_\_\_\_\_

Date the action occurred: \_\_\_\_\_

Please give a full description of the action that is the subject of your complaint.

Please state the remedy or adjustment you are seeking.

Signature: \_\_\_\_\_

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

**Please submit this form to the Executive Director.**

If the complaint is regarding the Executive Director, please submit this form to the President of the Board of Directors by email

[CVIBOD@chesapeakevoyagers.org](mailto:CVIBOD@chesapeakevoyagers.org)

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**For CVI staff/board use only**

Date form received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date of written response by Executive Director or Board President: \_\_\_\_\_