## SUPERIOR CONNECTIONS RCO GRIEVANCE/COMPLAINT FORM

Name:	Date:
Phone number:	
Email address:	
Describe your concern, providing as back of this form if necessary):	much detail as possible (attach additional sheets or use the
Is there anyone else who was involve	ed, or who should we talk with about this incident?
Submit this form to Ryan Redmond, S Marquette, MI 49855.	SCRCO Executive Director, at 120 North Front Street,
- · · · · · · · · · · · · · · · · · · ·	the Executive Director, the form can be submitted to Kim Frost, t, at 392 Townhall Road, Skandia, Michigan 49885.
days after you submit this form. If yo review of the decision by the preside Grievance/Complaint Form to reque	omplaints. You can expect a response within five (5) working ou are not satisfied with the response, you may request a ent of the Board of Directors (you may use a new est that review or ask that your original form be forwarded). request for a review within one week.
FOR OFFICE USE ONLY	
Received By:	Date Received: