



**Community Counseling Center  
of Central Florida, LLC**

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**2024 Grievance Form**

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I AM STATING MY FORMAL GRIEVANCE AS FOLLOWS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MY PROPOSED SOLUTION IS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLAINANT**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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**RESPONSE BY DR. CORRIE KINDYL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

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I, \_\_\_\_\_, HAVE REVIEWED THE ABOVE REPLY TO MY GRIEVANCE AND THE GRIEVANCE HAS BEEN RESOLVED TO MY SATISFACTION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
COMPLAINANT

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I, \_\_\_\_\_, HAVE REVIEWED THE ABOVE REPLY TO MY GRIEVANCE AND THE GRIEVANCE HAS NOT BEEN RESOLVED TO MY SATISFACTION OR UNDERSTANDING.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
COMPLAINANT