Catholic Charities North Dakota
Helping People, Changing Lives.

Client Complaint Form

Name (please print) _____

Signature _____

Address _____

Signature _____

Phone _____ **Date** _____

In your own words, please describe the complaint or problem.

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Send the completed form to:
Catholic Charities North Dakota
5201 Bishops Blvd, Suite B
Fargo, ND 58104

Date received at _____
Catholic Charities North Dakota

Initials of person opening mail _____