



Catholic  
Charities  
North Dakota

## 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** \_\_\_\_\_