

# RECEIPT OF CLIENT RIGHTS AND GRIEVANCE POLICY FORM

---

I have received a copy of the Client Rights and Grievance Policy. My rights have been reviewed with me, and I have the name, location and hours of availability of the Client Rights Officer. I understand that any Pipeline to God Communications, Inc./Pipeline Counseling Service staff will assist me in contacting the Client Rights Officer upon my request.

---

**Client Signature**

**Date**

---

**Parent/Guardian Signature (if applicable)**

**Date**

---

**Staff Signature**

**Date**

---