



GRIEVANCE PROCEDURE

HOW TO FILE A GRIEVANCE

Fill



GRIEVANCE FORM

To be completed by client, or client's representative

Client name: _____ Date: _____ Phone #: _____

Name of person with grievance (if other than client): _____

Relationship to client: _____ Staff member(s) involved: _____

Have you shared your grievance with this staff person? Yes No

Please describe your grievance in detail including date(s), times, and circumstances. *Continue on a separate sheet if needed.*

Does the nature of your grievance involve harm or risk of harm to yourself or others? Yes No

If yes, please explain _____

How would you like to see your grievance resolved? _____

Client's Signature (or Client Representative): _____

Office Use Only	
Received by: _____	Date: _____
Sent to: _____	Date: _____