A close up of a sign

Description automatically generated

**A close up of a logo

Description automatically generated**

**FORMAL CLIENT GRIEVANCE**

**THIS FORM MUST BE COMPLETELY FILLED OUT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Name or Representative (Please Print):**  **Current Program Service:** | | | **Work Phone:**  **Home Phone:**  **Send documents to external representative** | | |
| **Home Mailing Address:**  **Street or P.O. Box:**  **City: State:**  **Zip:** | | | **Work Mailing Address:**  **Street or P.O. Box:**  **City: State:**  **Zip:** | | |
| Date, time and place of event leading to grievance: | | | Date you became aware of the event, *(if different):* | | |
|  | | |  | | |
| Detailed description of grievance including names of other persons/staff involved: | | | | | |
|  | | | | | |
| What Would You like to See Done? (Proposed solution to grievance) | | | | | |
|  | | | | | |
| **Grievant: File a copy of this form with your counselor/direct service worker or the Corporate Compliance Officer please retain a copy for your records. If you do not receive a response within 7 working days or disagree with the action taken, you may file a copy of the grievance at the next step.** | | | | | |
| **Step** | **Grievance Filed With *(Please Print Name)*** | **Date** | | **Grievant's Signature** | **Date** |
| **1** |  |  | |  |  |
| **2** |  |  | |  |  |
| **3** |  |  | |  |  |
| **4** |  |  | |  |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

DATE GREIVANCE RECEVIVED: \_\_\_\_\_\_\_\_\_\_\_\_ DATE GRIEVANCE RESOLVED:\_\_\_\_\_\_\_\_\_\_\_\_\_ APPEAL:\_\_\_\_\_\_\_\_\_\_