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**FORMAL CLIENT GRIEVANCE**

**THIS FORM MUST BE COMPLETELY FILLED OUT**

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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