



## Client Grievance Form

COMPLAINANT INFORMATION		
LAST NAME	FIRST NAME	CONTACT NUMBER
GRIEVANCE INFORMATION		
PROGRAM	STAFF PERSON	
TYPE OF GRIEVANCE :		
DETAILS OF THE MATTER TO BE RAISED. INCLUDE DATES AND TIMES AS WELL AS NAMES OF THE PERSON(S) INVOLVED (please attach a separate sheet if necessary).		
HAVE YOU ATTEMPTED TO DISCUSS THIS COMPLAINT WITH THE INDIVIDUAL? IF SO GIVE DETAILS OF THIS BELOW. (Attach a separate sheet if necessary).		
RESOLUTION PROCESS (please indicate the course of action you wish to proceed with)		
I do not want to proceed further with this complaint _____		
I want to meet with the ____ Village Director ____ Clinical Director/Lead ____ Executive Director Without assistance ____ With assistance ____		
I want to pursue a formal complaint/investigation _____		
SIGNATURE	DATE (MM/DD/YYYY)	

<b>OFFICE USE ONLY</b>
Grievance delivered by: mail   fax   in person   by phone Grievance received by: _____(name), on: ____/____/____ (MM/DD/YYYY)
<b>RESOLUTION RESPONSE</b>
<p>The resolution category is the final category used or the current category for grievances that are still in progress.</p> <p><u>Resolution Details:</u></p> <p>Level of resolution:  Front line ____   Management ____   Executive Director ____   Board of Directors ____</p> <p>Type of resolution:  Mediation ____   External Consultation ____   Other ____</p> <p>Internal Investigation ____   External Investigation ____ (investigation to be documented)</p> <p>Grievance Withdrawn ____ (please provide reasons for withdrawal of grievance below)</p> <p>Grievance Dismissed ____ (please provide reasons for dismissal of grievance below)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of Resolution: ____/____/____ (MM/DD/YYYY)</p> <p>Grievance Pending/In Progress ____/____/____(MM/DD/YYYY)  (if at the end of the quarterly period the grievance is in progress, please indicate the current category of resolution and that the grievance is pending)</p> <p>Grievance reviewed by:</p> <p>Village Director on ____/____/____(MM/DD/YYYY)</p> <p>Clinical Director/Lead on ____/____/____(MM/DD/YYYY)</p> <p>Executive Director on ____/____/____(MM/DD/YYYY)</p> <p>CQI Committee on ____/____/____(MM/DD/YYYY)</p> <p>Board of Directors _____ Member Signature _____</p>