



Complaint/Grievance Form

Person reporting occurrence: (optional) _____

Name(s) of all persons involved: _____

Location of occurrence: _____

Date of occurrence: _____ Time of occurrence: _____

Date reported: _____ Time reported: _____ Reported to: _____

Complaint/Grievance description:

Suggested resolution:

Signature (optional) Date

<i>For Office Use Only</i>	Date Received _____
Action Taken: _____ _____ _____	
Results of Action Taken: _____ _____ _____	
Has a similar incident occurred in the past year that would suggest a trend? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was complaint satisfied with determination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain: _____	
Staff Signature	Date