

Grievance Form

I _____ am filing a grievance on or about
(Client or parent Name)

_____ This _____ day of _____ 20
(staff person) (month)

In order to receive a response to my grievance, I will provide you the following information:

Name _____
(print)

Address: _____
(street) (city) (state) (zip)

Telephone Number: ()

Complaint:

[illegible]

Signature of person filing grievance)

Initial response to grievance

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Grievance

[illegible]

Responded By (Print)

Date _____

(Signature)

Subsequent response (if initial response was not acceptable)

[illegible]

Responded By (Print)

Date _____

(Signature)