



Client Grievance Form

Empower Treatment [ET] clients may complete the following form to submit a grievance ("Grievance" means a written complaint initiated either verbally or in writing by a client or by any other person or provider on behalf of a client regarding denial or abuse of any client's rights).

Grievances will be submitted to ET's Client Rights Officer, Nadia Musleh. Upon receiving the grievance, Nadia will conduct a thorough investigation to understand and remedy the grievance. Nadia is available to support clients in every capacity surrounding grievances. If you need assistance with filling out this form, or prefer to discuss the grievance verbally, please contact Nadia via email at musleh.nadia@gmail.com or via phone at (614) 530-5150 (ask to be connected with CRO).

Please note that the ability to submit a grievance is a right to our clients and we want to hear from you. ET clients who submit grievances will not be penalized in any capacity.

The following information is needed to submit a grievance. Please print or type answers below.

1. Client Name:
2. Please describe reasons for submitting a grievance. Be specific by including names, dates, and times whenever possible.
3. Before submitting this grievance, did you communicate your concerns with any of Empower Treatment's staff to try and resolve the problem?
4. What do you feel is an appropriate response to the grievance described?



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5. Is there anything else you would like us to know?

Client Signature: _____

Client Rights Officer Signature: _____

Date: _____