WECOVERY BEYOND BRINK
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Grievance Form

This Grievance Form can be turned into any WEcovery Beyond Brink staff member upon completion. See WEcovery Beyond Brink's Grievance Policy & Procedure for more options and information.

Person Filing Grievance	
Grievant Name	Date Submitted
Participant Address	Participant phone number

Details	
Date, time, & location of event	Witnesses (if applicable)
Detailed Account of occurrence. Include names of anyone involved.	Violations: Include any policies, procedures, or guidelines you believe have been violated in the referenced occurrence.

(If more space is needed you may continue on the other side of this page)

Proposed Solution

By signing this form you indicate that all information provided on this form is truthful.

SIGNATURES	**Date Signed**
Signature of Person Filing Grievance	
Received By: (print & sign name)	

You are encouraged to retain a copy of this form for your own records.