Name:________________________________________ Contact Information:____________________________________

Program:________________________________________ Location:________________________________________

1. Is this a grievance against staff (please circle one):  Yes  No

2. Describe the problem or issue and desired outcome:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Name of Staff Involved: ______________________________________________________________________
Name of witness(es): _________________________________________________________________________

Time: ___________________ Location: _______________________ Date of Incident: ___________________

Client Signature: ______________________________________ Date Submitted: _______________________

PLEASE DO NOT WRITE BELOW THIS LINE: FOR INTERNAL USE ONLY

STAFF INSTRUCTIONS: Print staff name and date received, then give the yellow copy to participant. The pink copy will be provided to participant once investigation/findings are complete.

Received by (Print Name): _______________________________ Received on: _______________________________

Investigation and findings (to be completed by Manager or director investigating the concern)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Staff Signature ___________________________ Print Name: __________________________ Date: ____________

White: Program Copy                      Yellow: Participant Copy                      Pink: Participant Copy