



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