

Notice of Grievance/Complaint

Name: _____ Date: _____
(Please Print)

Program/Location: _____

GRIEVANCE OR COMPLAINT:

Please describe in detail the nature of your specific complaint or grievance, listing dates, any staff member(s) involved, etc. Feel free to use the back of this page or attach other pages as necessary.

Signature of Person receiving services

Parent/Guardian

For Program Use Only

Date Received by Consumer Advocate/Staff	Consumer Advocate Signature
Step 1: Resolution:	

Step 2.: Executive Director's Decision (attached)	
Step 3.: Review Panel Decision (attached)	