Client Grievance Form

STEP 1: CLIENT / LEGAL GUARDIAN / AUTHORIZED REPRESENTATIVE FILES COMPLAINT

Program:_____ **Date**: _____

Person Filing a Grievance: *(Please complete all that apply)*

☐ a) Client:(name)_____Client's Counselor/Therapist:_____

☐ b) Legal Guardian:(name)_____ Relationship to Client:_____

☐ c) Authorized Rep:(name): _____ Is client conserved? ☐ Yes ☐ No

Please describe your grievance:

_____

_____

_____

Names of Staff Witnesses:*(if applicable)* _____

Names of Client Witnesses:*(if applicable)*_____

Client (Legal Guardian, Authorized Rep) Signature:_____Date:_____

STEP 2: PROGRAM RESPONSE

For Staff Use

Grievance Received by:_____Date:_____

Other Staff who Reviewed:_____Date:_____

Response to Grievance/Outcome:_____

_____

_____

_____

STEP 3: CLIENT CLOSURE OF GRIEVANCE OR REQUEST FOR FURTHER ACTION

Please Check One:

☐ I, *(client/Legal Guardian/Auth Rep)*_____, am satisfied with the resolution provided to my grievance, and do not request further action.

☐ I, *(client/Legal Guardian, Authorized Rep)*_____, am not satisfied with the resolution provided to my grievance, and request an interview with the Vice President, Clinical Director.

Client/Legal Guardian/Authorized Rep Signature: _____Date: _____

Program Director Signature: _____ Date: _____

STEP 4: GRIEVANCE SUBMITTED TO THE VICE PRESIDENT CLINICAL DIRECTOR, WHEN APPLICABLE

Date Submitted to VP:_____Date of Client Interview with VP:_____

Summarize Resolution: _____

_____

VP Signature:_____Date:_____