

GRIEVANCE/COMPLAINT REPORT

This form shall be utilized to provide written documentation of any concern expressed by a client, and to record the follow-up action and results thereof.

RECEIPT OF GRIEVANCE/COMPLAINT

Date received: ____/____/____

Individual initiating complaint: ____ Client ____ Client representative; Relationship _____

Print Individual's name _____

Concern reported to: _____

Describe concern using factual terms: _____

Complainant Signature: _____

DOCUMENTATION OF FOLLOW-UP

Individual(s) designated to take action on this concern: _____

Date assigned ____/____/____ Date to be resolved by ____/____/____

Was a group meeting held? ____ Yes: If yes identify all individuals in attendance ____ No

What other action was taken to resolve the concern (be specific)? _____

Results of action taken: _____

Plan of Care updated? ____ Yes ____ No Date ____/____/____

Staff member: _____

Name and Title

RESOLUTION OF GRIEVANCE/COMPLAINT

Was grievance/complaint resolved? ____ Yes, describe resolution. ____ No, explain why not.

Identify the method(s) used to notify the client and/or representative, of the resolution:

____ Written notification ____ Phone conversation ____ One-to-one discussion

Date of notification ____/____/____

This form was completed by: _____ Date: ____/____/____

Signature and Title