Grievance Form for Clients

Name of client filing grievance: ________________________________

Describe the situation which led to this grievance including: 
(Attach additional pages as required)

A. What happened? ____________________________________________
   ____________________________________________
   ____________________________________________

B. When did it occur? _________________________________________
   ____________________________________________
   ____________________________________________

C. Where did it occur? _______________________________________
   ____________________________________________
   ____________________________________________

D. Who was involved? _________________________________________
   ____________________________________________
   ____________________________________________

Signature of Client filing grievance: ________________________ Date: __________

Received by Program Director: ____________________________ Date: __________

Received by Assistant Executive Director: __________________ Date: __________

Meeting with Client __________________________________________ Date: __________

Determination forwarded to Client: __________________________ Date: __________

Appeal Received: __________________________________________ Date: __________

Appeal received by Board of Trustees: _______________________ Date: __________

Board of Trustees Determination received: ____________________ Date: __________
Appeal received by Diocesan Complaint Review Board: ____________ Date: ____________

Final Notification to Client: ___________________________ Date: ____________

Board of Trustees Approval _________________