

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 _____