

**GRIEVANCE FORM**

We are eager to hear what you have to say – please complete this form and send to EqualOpportunitySS@gmail.com .

**PART ONE**: The client should write their complaint in their own words.

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| **CLIENT COMPLAINT:** (Attach sheets as necessary) |

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| **SUPPORT COORDINATOR RESPONSE:** |
| **AGREEMENT:** YES \_\_\_ NO \_\_\_ (Does the patient agree with the Support Coordinator?) |
| **RESOLOUTION:** YES \_\_\_ NO \_\_\_ (Circle one) If no, continue to Part 2. |
| Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_Signature of Support Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ |

**PART TWO:** If the complaint was not resolved, this section of the Grievance is completed. The Support Coordinator Supervisor/Managing Partner will contact the client within 3 days of receiving the Grievance to discuss and come to agreement.

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| SUPPORT COORDINATOR SUPERVISER/OWNER RESPONSE: (Attach sheets as necessary) |
| CLIENT RESPONSE:  |

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| AGREEMENT: YES \_\_\_ NO \_\_\_ (Does the patient agree with the Support Coordinator Supervisor?) |

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| **RESOLOUTION:** YES \_\_\_ NO \_\_\_ (Circle one) If no, the client has the right to. |
| Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ |