

# Grievance Form

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Description of Grievance (Make sure to include who, what, when, why, and where)

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Grievant, what action do you request to resolve the grievance?

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\_\_\_\_\_  
Grievant's Signature

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Date Received \_\_\_\_\_

Staff, provide the best possible resolution to solve the grievance and prevent a reoccurrence.

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- I accept the Resolution.
- I Do Not accept the Resolution and request to move to the next step.
- I Do Not accept the Resolution but do not elect to move to the next step.

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
Program Director/ Associate Director

\_\_\_\_\_  
Date

Date \_\_\_\_\_ Final Determination (The next step in process based on the above information)

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\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

**\* A copy of all grievance forms must be sent to Program/Associate Director and grievant whether resolved or not. All staff grievance forms must be sent to the Operations Manager and grievant whether resolved or not.**