Pathways of Care for Children and Families

GRIEVANCE REPORT FORM

The staff member to whom a grievance is reported should submit this form to the President/CEO.

CLIENT NAME:_____ DATE:_____

PROGRAM:_____ TIME:_____

STAFF RECEIVING/FILING REPORT:_____

Check the appropriate box:

- ☐ The above-named client stated that s/he wished to file a grievance.
- ☐ The guardian of the above-named client stated that s/he wished to file a grievance.
- ☐ The above-named client made the following complaint to me and I felt that the complaint was of a serious nature and required reporting and follow-up.
- ☐ The guardian of the above-named client made the following complaint to me and I felt that the complaint was of a serious nature and required reporting and follow-up.

Client or Guardian's Statement (client's or guardian's reported issue/concern in their own words):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Client or Guardian's Signature Date

_____ _____

Assisting Staff 's Signature Date

To Be Completed by the President/CEO:

I have reviewed the above statement(s). The below is the Investigation and Response.

The outcome of the grievance is: ☐ substantiated ☐ unsubstantiated

President/CEO Date

Client/Guardian has been made aware of resolution and action steps to be taken?

Yes No Date of Notification_____

A copy of this report was provided to the Quality Department. _____
Date

The grievance will be reviewed at the next Risk Management meeting. _____
Date