CLIENT GRIEVANCE FORM

[Program Name]

Prior to Filing a Grievance:

If you have a grievance against this shelter or one of its staff members you must first attempt to resolve the issue by speaking with the appropriate staff person working in the area covered by the grievance. You should explain to the staff person, in private, your dissatisfaction with the service, procedure, employee, or other issue.

Immediately upon being informed of the dissatisfaction, the staff person will inform you of the method they will use to attempt to resolve the issue.

If you are still not satisfied that the issue is being resolved, you should speak with the staff member's immediate supervisor.

If you are still not satisfied and after completing each of the above steps, you may file a formal grievance utilizing the following procedures.

Filing a Grievance:

- Complete a Client Grievance Form. You can get a form from the front desk. Front desk staff can also assist you in completing the form.
- Return the completed Client Grievance Form to the front desk, who will submit your Grievance Form to the appropriate person for their review.
- The Grievance will be reviewed within ten (10) business days, and you will be notified of the outcome in writing. Please provide your contact information on the form in the event they need to contact you.

CLIENT GRIEVANCE FORM

[Program Name]

Date: _____

Client Last Name/First Name (PRINT): _____

Date of Birth: _____

What is your current status?
◯ Active in the Program **◯ No Longer in the Program – Date Left Program: _____**

Program: _____ Bldg/FL/Bed #: _____ HMIS #: _____

Address: _____

Contact information: Phone: _____ Email: _____

Please provide a Summary of your Grievance. *Use back of form or additional sheets if needed.* If you have any documentation to support your Grievance, please provide/attach a copy. To the extent possible, provide dates and the names of any staff relevant to your grievance.

_____

_____

_____

_____

_____	_____	_____
Client Printed Name	**Client Signature**	**Date**

You will be notified at the contact information provided above regarding the result of your grievance.

FOR INTERNAL USE ONLY

Date Received: _____

Investigation/Review Date: _____

Date Action Report emailed to Program/Dept Director: _____

Date Grievance Resolved: _____

Date Client Notified of Resolution: _____

_____	_____	_____
Reviewer 1 – Print Name	**Signature**	**Date**

_____	_____	_____
Reviewer 2 – Print Name	**Signature**	**Date**