



# FORMAL GRIEVANCE FORM

Please retain a copy of this form for your own records.

This form is to be used to file a formal written grievance. All sections must be completed and will serve as the source document for the grievance process. Please answer all questions completely and include any supporting documentation you would like to be considered. Additional information may be requested as necessary. Attach additional sheet/s if necessary.

**NAME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**STATUS:**  Client  Employee  Other; specify \_\_\_\_\_

Clients and staff are encouraged to discuss their concerns through informal conferences with the person directly or with an appropriate person. Have you made any attempts to resolve this issue with the individual and/or department involved?

Yes  No

If yes, please describe the outcome.

### DETAILS OF EVENTS LEADING TO GRIEVANCE

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

Location: \_\_\_\_\_ Witness 3: \_\_\_\_\_

### ACCOUNT OF EVENT(S)

Provide a detailed account of the occurrence(s). Include the names of any additional persons involved.

### VIOLATION(S)

Provide a list of any polices, procedures, or guidelines you believe have been violated in the event described.

### PROPOSED SOLUTION(S)

What outcome(s) do you hope to achieve?

I understand that the information contained on this grievance form will be held confidential to the extent possible. Information may be shared with specific individuals in order to conduct a thorough investigation. As the grievant, I understand that my signature below indicates that the information I have provided on this form is true, correct, and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

**GENERAL**

Form Was Received By: \_\_\_\_\_  
*staff name and title*

Dept: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMPLIANCE AND CONTINUOUS QUALITY IMPROVEMENT**

Form Was Received By: \_\_\_\_\_  
*staff name and title*

Date: \_\_\_\_\_

Grievance is Filed Under:

Harassment or Discrimination

General Grievance

Comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_