Grievance Form

Name: ___________________________________________ Program: ____________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Suggestion for resolution: ____________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Signature of Person Filing (Optional) ___________________________ Date
☐ Staff ☐ Participant ☐ Outside Worker ☐ Family ☐ Community ☐ Other

To be completed by a designated Fred Finch Youth Center Staff Member:

Grievance Received by: Name and Title: ___________________________ Date: ________________

Is Grievance related to a possible violation of Protected Health Information? ☒ Yes* ☐ No
*If yes, route to Privacy Officer immediately

Matter Was Resolved Via the Following Means/Steps: ____________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Resolution Reviewed and Approved By: _________________________________________________________
__________________________________________________________
__________________________________________________________
Date Resolved: ____________________________________________

Was this resolved within 1 Business Day? (see Procedure sect. #2) ☐ Yes ☐ No

HR Use Only:
Entered in log by: ___________________________ Date: ____________________________

Was this reported to the funder as per requirements? ☐ Yes ☐ No
Staff Name and Title______________________________