

Grievance Report

Name: _____ Date: _____ Phone: _____

Address: _____

1. Staff person(s) you are receiving services from:

2. Please describe your complaint (attach additional pages if needed):

3. When did the issue occur (if applicable)?

4. Were there any witnesses or other persons involved? If yes, please describe and/or provide names/contacts:

5. What would you desire/suggest as a resolution to your complaint?

CIP staff will contact you within 14 days regarding resolution of your grievance (sooner if the grievance affects the health and safety of you or someone else). You will be mailed a copy of this form and the internal review/resolution.

Print name of person receiving grievance report from service recipient:	
Print name of person responding to grievance:	
Date of initial response to service recipient (within 14 calendar days):	