

GRIEVANCE INVESTIGATION AND DECISION

FACILITY NAME: _____

SIGNATURE OF STAFF RECEIVING COMPLAINT: _____

DATE AND TIME THE COMPLAINT WAS RECEIVED: _____

STAFF TO WHOM THE COMPLAINT WAS FORWARDED: _____

NAME, ADDRESS, TELEPHONE NUMBER, AND RELATIONSHIP OF OTHER INTERESTED PARTIES: _____

INFORMAL ATTEMPTS TO RESOLVE THE COMPLAINT (IF ANY): _____

THE COMPLAINANT WOULD LIKE THE FOLLOWING ACTIONS TAKEN: _____

NAME OF THE INVESTIGATOR: _____

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS: _____

DECISION: _____

Was the complainant satisfied with the decision? Yes ____ No ____

Was the complainant informed of the appeal procedures? Yes ____ No ____

Does the complainant desire to appeal at this time? Yes ____ No ____

Reviewed with the client on: _____ By: _____

Signature of person filing complaint: _____

More information attached? _____