



GRIEVANCE FORM

To be completed by any individual wishing to report a concern or complaint

INSTRUCTIONS

This form is used to collect information relevant to an investigation of an incident or occurrence that has caused a client, visitor, staff member, intern, or volunteer, to file a grievance. All information collected is regarded as highly confidential and will be used solely for the purposes of reaching an equitable resolution to a grievance. Anonymous grievances are not accepted. Completed grievances are to be submitted to the President & CEO at the following email, lgraham@victimassistanceprogram.org, who will assign an investigator to this grievance. If a client provides a grievance via phone, the staff member is to complete this form on behalf of the client. Please ensure that all signatures are obtained, whether electronic or wet.

YOUR INFORMATION: (TO BE COMPLETED BY THE GRIEVANT)

| | | | |
|------------------|---------------|--------|------|
| Name: | Today's Date: | | |
| Mailing Address: | City: | State: | Zip: |
| E-mail Address: | Cell Phone: | | |

INCIDENT OR OCCURRENCE: *Please explain in detail the incident or occurrence that lead you to file this grievance, including the names of any other individuals involved.*

Date(s) of incident or occurrence:

WITNESSES: (List only those who were present and observed the incident or occurrence first hand)

| | |
|-------|---------------|
| Name: | Relationship: |
| Name: | Relationship: |
| Name: | Relationship: |
| Name: | Relationship: |

OTHER: Please provide any additional and relevant information that would assist in this investigation. Attaching documents to this form to help explain the incident or occurrence is permissible.

RESPONSE: If the grievance is resolved to your satisfaction, what remedies do you seek?

SUBMITTED BY (GRIEVANT):

Signature: _____

Printed name: _____

ACKNOWLEDGEMENT: *(This section is to be completed by the President & CEO)*

Date & Time Grievance was Accepted by the President & CEO:

Name & Title of Individual Assigned to Investigation? *(If someone other than the President & CEO):*

Date & Time Grievance Receipt was Sent to Grievant: