

GRIEVANCE FORM

To be completed by any individual who has a concern

INSTRUCTIONS

This form is used to collect information relevant to an investigation of incidents or occurrence that has caused an individual client, visitor, staff, volunteer, 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 resolve to a grievance. Anonymous grievances are not accepted. Completed grievances are to be submitted to the President & CEO at the address below or, info@victimassistanceprogram.org, who will assign an investigator to this grievance. If a client provides a grievance via phone, the staff person is to complete this form on behalf of the client.

YOUR INFORMATION: (TO BE COMPLETED BY THE GRIEVANT)

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

INCIDENTS / OCCURRENCE: *Please explain in detail the incidents/occurrence that leads you to file this grievance including the names of other individuals involved in the incidents/occurrence.*

Date(s) of incidents/occurrence:

WITNESSES *(list only those who were present and observed the incidents/occurrence first hand)*

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

OTHER (Please provide any additional and relevant information that would assist in the investigation. Attached documents to this form to help explain the incidents/occurrence is permissible.)

RESPONSE

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

SUBMITTED BY (GRIEVANT)

Signature: _____
Printed name: _____

INVESTIGATIVE SECTION

Name of Supervisor who first received and reviewed this Grievance Form:	Date Received:
Name of Director who first received and reviewed this Grievance Form:	Date Received:
Name of President & CEO who received and reviewed this Grievance Form:	Date Received: