**Grievance Form**

Name: Program:

Suggestion for resolution:

Signature of Person Filing (Optional) Date

[ ]  Staff [ ]  Participant [ ]  Outside Worker [ ]  Family [ ]  Community [ ]  Other

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**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? [x]  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_