



Grievance Form

Name: _____ Program: _____

Suggestion for resolution: _____

Signature of Person Filing (Optional) _____ Date _____
 Staff Participant Outside Worker Family Community Other

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? 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 _____