

FORMAL GRIEVANCE FORM

It is the purpose of the Grievance Procedure to establish a method whereby grievances will be resolved fairly and effectively. If you are displeased with actions involving LifeLong Advocacy you may file a formal grievance with our compliance officer. You will be notified of the final result.

Complainant's Name: _____

Phone Number: _____ Email: _____

Address: _____

Complainant's Relationship to LifeLong Advocacy:

<input type="radio"/> Consumer	<input type="radio"/> Employee
<input type="radio"/> Guardian/Representative	<input type="radio"/> Other

Date(s) Action Occurred: _____

Describe situation (attach separate sheet, if needed): _____

Describe how you feel your complaint could be resolved: _____

Office Use Only (date and initial)

Received: _____ Complainant Contacted: _____ Summary Completed: _____