

Head & Heart Therapy Official Grievance Form

This page is to be completed by the client, guardian, or client representative.

Personal Information:

| | |
|---------------------------------|---------------|
| Your name: | Today's date: |
| Phone: | Email: |
| Relationship to client: | |
| Name of client if not yourself: | |

Grievance Information:

Add additional pages if necessary.

| | |
|---|---------------|
| Date of incident: | Staff member: |
| Has this complaint been discussed with the above staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grievance: | |
| | |
| | |
| Your desired outcome: | |
| | |
| | |
| Is there a safety risk to yourself or to others? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please provide details: | |
| | |
| | |

Client Signature

Guardian or Client Representative Signature (If Applicable)

To be completed by administrative staff:

Sent To: _____ Date: _____ Admin Initials: _____

Head & Heart Therapy Official Grievance Form

This page is to be completed by a Head & Heart Therapy staff member.

Actionable Items:

| | |
|--------------|-----------------|
| Action step: | |
| Date taken: | Staff involved: |
| Notes: | |

| | |
|--------------|-----------------|
| Action step: | |
| Date taken: | Staff involved: |
| Notes: | |

| | |
|--------------|-----------------|
| Action step: | |
| Date taken: | Staff involved: |
| Notes: | |

| | |
|--------------|-----------------|
| Action step: | |
| Date taken: | Staff involved: |
| Notes: | |

Outcome:

| |
|--|
| Resolution: |
| |
| |
| Organizational insights: |
| |
| Recommendations for further improvement: |
| |

Staff Signature & Date

Head & Heart Therapy Official Grievance Form

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Response:

Add additional pages if necessary.

| | |
|--|----------------|
| Your name: | Date received: |
| How this resolution met your needs: | |
| | |
| How this resolution did not meet your needs: | |
| | |
| Would you like guidance on filing an appeal? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Client Name (Printed)

Client Signature

Guardian/Client Representative Name (Printed)

Guardian/Client Representative Signature

Program Director Name (Printed)

Program Director Signature