



Behavioral Health and Rehabilitation Services

## Grievance Form

**Clients Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Relationship to Client:** \_\_\_\_\_

**Contact Information:**

- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

**Staff Members Involved:** \_\_\_\_\_

**Brief Description of Complaint:**(Please describe the nature of your grievance in detail, including any relevant dates and individuals involved).

**Desired Resolution:**(What outcome are you seeking?)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

