



Participant Grievance Form

Date of Occurrence:		Time of Occurrence:		Date Reported:	
Participant Name:					
Name/Relationship of Person Filing the Grievance if other than participant:					
Does he/she want to file a grievance? : Yes No					
Does he/she want oral feedback on the resolution? : Yes No					
Does he/she want an official letter regarding the receipt of the grievance mailed to them? Yes No					
Does a SDR (Service Delivery Request) need to be completed? : Yes No					
Location of Occurrence:	Home	Center	Transportation	Other:	

Brief Description of Grievance:

Name and Title of Person Completing Form:

Brief Description of Resolution:

INTERNAL FORM

Spoke with participant/complainant and resolved to their satisfaction? : Yes No N/A

Comments _____

Director/Manager/Supervisor Signature: _____

Date: _____

Date Resolved:	Date of Oral Notification or N/A:	Date of Written Notification or N/A:
Quality Improvement Coordinator: _____		Date: _____