

**Safe Children Coalition**  
**Community Based Care**  
**Grievance Resolution**

**Instructions:** Complete the form at such time as the person served (client, parent/guardian, foster parent or other interested party) desires to file a formal grievance regarding a process, service, or staff member. Document the steps taken toward resolution.

STEP ONE: Speak to staff member directly involved (staff) or designated staff member (process or service) and try to solve the problem.

STEP TWO: Complete the Client Grievance Resolution form below to begin a review of the issue according to the plan described in the Grievance Resolution procedure. Submit the Client Grievance Resolution form to the Agency Supervisor to schedule a meeting.

STEP ONE (to be completed at the time of a review request) – Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Person Filing Grievance: \_\_\_\_\_

Employee Involved: \_\_\_\_\_ (if applicable)

Contact Name and Telephone Number: \_\_\_\_\_

Date of Situation: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses: \_\_\_\_\_ (if applicable)

What Happened: \_\_\_\_\_

Desired Outcome: \_\_\_\_\_

Date of STEP ONE: \_\_\_\_\_ Date of STEP TWO request: \_\_\_\_\_

STEP TWO (to be completed during the meeting; attach any additional information) –

Narrative: \_\_\_\_\_

Resolution Status: Resolved Unresolved, refer to STEP THREE Date: \_\_\_\_\_

Signatures: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

STEP THREE (to be completed during the meeting; attach any additional information) -

