**GRIEVANCE FORM**

DATE:

RESIDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROOM #: \_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON MAKING COMPLAINT AND RELATIONSHIP TO RESIDENT:

DETAIL OF COMPLAINT/GRIEVANCE:

DATE COMPLAINT/GRIEVANCE OCCURRED:

WHAT SHIFT DID THE COMPLAINT/GRIEVANCE OCCUR? 7-3 3-11 11-7

PERSON COMPLETING THIS FORM:

# (All written complaints/grievances are to be forwarded to the Grievance Official)

PERSON INVESTIGATING COMPLAINT/GRIEVANCE**:**

GRIEVANCE OFFICIAL FOLLOW-UP:

GRIEVANCE OFFICIAL’S SIGNATURE:

NOTIFICATION OF REPRESENTATIVE (NAME/DATE):

DATE RESOLVED:

DOCUMENTED: YES NO DATE:



# RISK MANAGEMENT USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Admissions | Business office | Environmental Services | Resident services |
| Dietary | Nursing | Maintenance | Therapy |

**Number assigned to grievance:**