

GRIEVANCE FORM

Date: _____

Person(s) filing grievance: _____

Address: _____

Telephone: _____

Email Address: _____

Brief Statement of Grievance:

Steps taken to resolve the issue, if any and who is aware of this issue:

Signature

Date

(Signature denotes permission to release the above information with appropriate and/or other significantly involved parties and also gives the agency permission to provide a written response to this complaint.)

Response of Staff:

Signature

Date

Date and name of individuals and/or agency(ies) contacted regarding complaint:

Date and response of individuals and/or agency(ies):

Date and nature of feedback forwarded to individual(s) filing the grievance:

Please send or fax this grievance form to:

FOCUS: Recovery and Wellness Community
509 Trenton Avenue
Findlay, Ohio 45840
FAX: (567) 250-8700