

**Grievance Form for Clients**

Name of client filing grievance: \_\_\_\_\_

Describe the situation which led to this grievance including:  
(Attach additional pages as required)

A. What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. When did it occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Where did it occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Who was involved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Client filing grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Assistant Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Meeting with Client \_\_\_\_\_ Date: \_\_\_\_\_

Determination forwarded to Client: \_\_\_\_\_ Date: \_\_\_\_\_

Appeal Received: \_\_\_\_\_ Date: \_\_\_\_\_

Appeal received by Board of Trustees: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Trustees Determination received: \_\_\_\_\_ Date: \_\_\_\_\_

Appeal received by Diocesan Complaint Review Board: \_\_\_\_\_ Date: \_\_\_\_\_

Final Notification to Client: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Trustees Approval \_\_\_\_\_