

This is the first page of a two page form. The second page is used by staff. It deals with routing and resolution. You submit this to the Social Services Coordinator.



## Grievance Report

Date of Completion of Report: \_\_\_\_\_

Individual initiating grievance/concern:

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

Resident    Family Member    Visitor    Staff Member

Concern reported to: \_\_\_\_\_

Name of individual / title completing report: \_\_\_\_\_

### Documentation of Grievance:

Describe grievance/concern using factual terms:

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Date report was received: \_\_\_\_\_

Investigation Findings:

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Social Services Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_