CRVI
new directions...new lives

VOICES Committee

COMPLAINT FORM

Grievant Name: _____ Individual Name: _____
Relation to Individual: _____ Residence/Program: _____
Phone Number: _____ MSC: _____
Address: _____ Date Filed: _____

Type of Grievance/Complaint:

- ☐ Service Timeliness
- ☐ Service Availability
- ☐ Staff Action/Inaction
- ☐ Other: _____
- ☐ Diversity/Cultural Sensitivity
- ☐ Service Appropriateness
- ☐ Service Location

Description of Grievance/Complaint: _____
_____
_____
_____
_____

What would you like to see as a result of your grievance/complaint? _____
_____
_____
_____

STEP 1: Informal Resolution
Date of Contact: _____ Method of Contact: _____
Person contacted for informal resolution:_____
Outcome:_____
_____
_____
_____

----------Step 2 will be completed by the CRVI Grievance Committee ----------

Step 2: Formal Review and Resolution by CRVI Grievance Committee
CRVI Grievance Committee Response/Resolution:_____
_____
_____
_____

CRVI Grievance Committee Representative Name | Signature | Date of Resolution