

CONTINUOUS QUALITY IMPROVEMENT

Child Welfare and Family Services Division



Grievance Report Form

1.	Date of meeting:				
2.	Name of person making grievance:		(Print Name):		
3.	Position/role of person making grievance:				
4.	Name of Program/Site:				
5.	Name of person taking grievance:		(Print Name):		
6.	Statement of grievance:				
	Previous Conversation with Program (if skipped, leave blank)				
	Date:				
	Name of person who took the complaint:				
	Outcome:				
7.	Follow-up Actions /Recommendations (if none yet, leave blank):				
		Follow-up Actions	Person Responsible	Date Initiated	Date Completed
	A.				
	B.				
	C.				
	D.				
	E.				
8.	Satisfaction level of person making grievance:		<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		

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	Explanation, if person making grievance is not entirely satisfied with resolution:		
9.	Signature of person making grievance:	Date:	
10.	Signature of person taking the grievance:	Date:	

cc: Consumer
Case Record