



Client Grievance Form

Person reporting grievance (optional): _____

Date of Incident (if applicable): _____ Date of Report: _____

Description of Grievance:

Signed: _____ Date: _____
Reporting Person's Signature (Optional)

Witness (optional): _____ Date: _____

The following section will be completed by Youth Haven Services, LLC

Grievance retrieved from: _____ By: _____

Grievance forwarded to: _____ On: _____

Findings and action to be taken:

Written report delivered to _____ On: _____
(Client or Reporting Person)

Copy to Quality Management Director On: _____

Communicated to Executive Team On: _____

Reviewed at Human Rights Committee On: _____

Signature of Quality Management Director: _____