



YOUTH HAVEN SERVICES

Employee Grievance Form

Person reporting grievance (optional): _____

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

Description of Grievance:

Date for follow-up (must be within 10 days of initial report): _____

Reporter Signature

Date

Supervisor Signature

Date

Witness Signature

Date

Date QA/QI Director received: _____

Action taken by management if needed: