

Community Sharing Program CLIENT GRIEVANCE REPORT

Client Name: _____

Date of incident (report should be submitted within 5 working days of the incident): _____

Staff involved: _____

Names of witnesses (if any): _____

Description of the incident or complaint:

Steps taken to resolve the issue (if applicable):

What would you like to see happen?

This written statement by me dated _____ is true to the best of my knowledge and belief. I understand that some or all of the information from this complaint may be shared with Community Sharing Program staff and/or Board of Directors during the investigation process. You will be contacted by a representative of Community Sharing Program within five working days of the receipt of your written complaint. Within ten working days, a written response will be made. Upon mutual agreement, these dates may be waived or changed.

Client signature

Client Contact Information:

Name: _____

Address: _____

Phone / email: _____

If you are attaching any documents with this complaint please list them below and if possible, briefly explain how they relate to your complaint.

Example: Letter received dated , sent following meeting on (date), referred to above.