



CLIENT GRIEVANCE FORM

Program: _____

Name of client filing grievance: _____

Name of individuals and/or staff involved, if known: _____

Nature of Grievance: _____

Please provide a detailed explanation of the circumstances and events surrounding your concern:

Client signature: _____

Date: _____

*Please submit this form to any staff member or mail to: Quality Assurance
5312 Jaguar Drive
Santa Fe, NM 87507

For Staff Use Only

Receipt of Client Grievance	Resolution Contact
Supervisor/Director: _____ Date: _____	Date Investigation Completed (if applicable): _____ Date Client Notified: _____ Contacted By: _____ Method of Contact: _____

Investigation/Outcome Summary:

*Send completed form to Quality Assurance