Congregate Care Grievance Form

DEPARTMENT OF
CHILD SAFETY

This form should always be available for discreet access and submission to the child welfare agency.

Grievance Definition: An official statement of a complaint over something believed to be wrong or unfair.

Full Name	*Name of Child Welfare Agency*	*Group Home Facility/Cottage/Casita*

Date Of Incident	*Time Of Incident*	*Location Of Incident (No., Street)*	*City*	*State*	*Zip*

Relevant Information

☐ *Yes, Additional Pages Attached*

Write down your grievance in detail. Include all relevant information including name(s) of individual(s) involved, witness(es), date of occurrence, address of occurrence, and time(s) of occurrence. (attach additional page, if necessary)

Resolution

☐ *Yes, Additional Pages Attached*

How can this be resolved fairly and quickly? How can this be prevented in the future?

Signature of person completing this form (Grievant)

Date

Grievance Review

☐ *Yes, Additional Pages Attached*

Date Received

List all staff participating in the review of this grievance	Date reviewed by staff	Best Contact Information (Phone or Email)

Grievance Review Resolution

Provide details of actions taken to resolve grievance:

If no actions taken, explain reasoning in detail:

Grievant Signature *Date*

Staff Signature *Date*

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