

**THE DURHAM CENTER
CLIENT GRIEVANCE FORM**

Your Name: _____
Your Street Address: _____
Your Telephone #: _____ Best Time to Contact You: _____ AM _____ PM
Did you receive a copy of The Durham Center Grievance Policy _____ YES _____ NO

FOR CLIENT USE ONLY (Please read back of form)

I. Please explain your grievance with our services, including names, dates, times and locations, if applicable. (use back if needed)

II. Have you tried to solve this problem with a staff member? _____ Yes _____ No If yes, please describe what happened: _____

III. What action would you like us to take to resolve your grievance: _____

Client

Date

FOR STAFF USE ONLY

Section A is to be completed by the staff person to whom the client gave this form for disposition, i.e., a supervisor, program coordinator, or Unit Director. Sections B and C are to be completed by the Unit Director and Area Director/designee respectively, if grievance is not resolved. All written responses to the clients must be attached.

Section A:

Employee Name/Position: _____ Date: _____
Was grievance resolved? _____ Yes _____ No If yes, send a copy of this form and attachments to the Unit Director and Client Rights Coordinator. If no, send form and attachments to the Unit Director.

Section B:

Unit Director Name: _____ Date: _____
Attach any additional information and/or comments based on investigation of grievance. If investigation Results in resolution of grievance, send form and attachments to Client Rights Coordinator. Otherwise, send form and Attachments to the Area Director/designee.

Section C:

Area Director/Designee Name: _____ Date: _____
Was grievance resolved? _____ Yes _____ No If yes, send copy of this form and attachments to the Client Rights Coordinator. If no, send form and attachments to the Chair of the Client Rights Committee with a copy to the Client Rights Coordinator.

