

Submitted by:

Name

Date

I am (choose one): a Client the Parent/Guardian of:

Trillium staff Other:

Client's Program (if applicable):

Please describe your concern (include additional pages if needed):

If steps have already been taken in an attempt to resolve this issue, please describe below:

Check here if you prefer not to be contacted.

To submit form, email to quality@trilliumfamily.org.

STAFF USE ONLY

If you assisted in completing this form, type your name here: _____

Please remember to SUBMIT PAGE 1 of this form to the Quality Department WITHIN 24 HOURS of receipt.

Do not wait until grievance is resolved before submitting page 1.

This page to be completed by supervisor or assigned staff only.

If you are having trouble reaching a satisfactory resolution with the Grievant, please consult with your supervisor.

Staff member completing follow-up:

Name & Title

Date

Please describe your follow-up conversation(s) with the Grievant and any clients/staff involved:

Did you determine that the event(s) on page 1 occurred as described? Yes No (please clarify below):

Did staff follow appropriate protocols/policies (if applicable)? Yes No

Please provide any additional information or clarification that may aid the Grievance Committee in their review:

Does Grievant feel a satisfactory resolution has been reached? Yes No

If no, is further follow-up requested? Yes No

Grievant signature (optional):

Signature

Date

Please email completed form to quality@trilliumfamily.org.