

Month: _____
Year: _____

Acknowledgement Letter Provided?
Yes No Date: _____
Outcome Letter Provided?

Grievance Log

Date Grievance Filed: _____

Grievance entered by (Staff person): _____

Reported to Facility Administrator/Clinic Manager? Yes No FA/CM Initials: _____

Name of Grievant: _____

Description of Grievance:

Actions/Steps Taken:

Date: _____ Actions/Steps completed by (Staff person): _____

Date: _____ Actions/Steps completed by (Staff person): _____

Date: _____ Actions/Steps completed by (Staff person): _____

Resolution:

Was the grievant provided a verbal explanation of the above resolution?
Yes No Date: _____

Was the Grievance escalated?
If so to whom: _____

*Please attach any documentation regarding the escalation of the grievance.