

Grievance Log

Acknowledgement Letter Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
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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? Yes No If so to whom: _____

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