

Independent Haven
Client Internal Grievance Report

Client Filing Report: _____ **Date** _____

Client(s) Involved: _____

Staff Involved: _____

Description of complaint:

(Staff Complete Form below Dotted Line)

Action to resolve: Please Check All Strategies Used

_____ Staff discussed with Clients involved individually to resolve conflict.

_____ Staff discussed separately with Clients then brought Clients together to resolve.

_____ Residential Supervisor discussed with staff to resolve conflict with Client.

_____ Client met with staff for support in reporting conflict .

Action results:

_____ Related policies and procedures were followed.

_____ Related policies and procedures were adequate.

_____ There is a need for additional staff training.

_____ The grievance is a pattern with similar clients, staff, or services involved.

_____ There is a need for corrective action by Independent Haven to protect the health and safety of clients.

_____ Unable to resolve, sent to Program Manager

Date _____

_____ Written reply from Program Manager attached

Date _____

_____ Documentation placed in Client file

Date _____

_____ Report sent to CEP

Date _____

_____ Guardian notified

Date _____

Residential Supervisor's Signature _____ Date _____