Catholic Charities
DIOCESE OF PALM BEACH

GRIEVANCE FORM

(Send to office providing service to you. A supervisor should promptly contact you.)

Date:_____

Name:_____

Address:_____

Phone:_____

Worker's Name:_____

Complaint(use back if more space needed): _____
_____
_____
_____

_____
Signature of Consumer/Client

(Below is for internal office use only.)

Response Date:_____

Client contacted by:_____

Attempts to resolve/resolution (include meeting date):_____
_____
_____
_____

_____
Supervisor's Signature

If unresolved, is consumer/client requesting a Grievance Hearing? Yes_____ No_____

Report of Grievance Hearing:_____
_____
_____
_____

_____ _____ _____ _____
Executive Director Date Division Director Date

Was final decision of hearing sent to consumer/client? Yes_____ No_____ Date:_____

Attach copy of final decision to this form.
Keep certified mail receipt in client's file, as well as completed copy of Grievance Form.
Submit copy to CQI Committee.