**Complaint/Grievance/Appeal Form**

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|  |
| Name |  |
| Address |  |
| Contact number |  |
| Date/Time |  |
| Is this a: |  | Complaint |  | Grievance |  | Appeal |
| Describe in detail the nature of your complaint/grievance/appeal. |
| Who did you first report your complaint/grievance/appeal to? |
| Describe how you feel your complaint/grievance/appeal can best be resolved. |
| Describe what changes you feel should be made in order to avoid this issue in the future. |
| Signature |  |
| Date/Time |  |
| Received by: |  |
| Date/Time |  |
| **Corporate Administrator notified Date/Time:****Acting Site Administrator notified Date/Time:****Clinical Director notified Date/Time:****Department notified Date/Time:** **\*Notification must occur immediately (verbally) and within 48 hours (in writing) following receipt of complaint/grievance/appeal** |