

Grievance Form

Name	
Program you're receiving services from	
Phone Number	<input type="checkbox"/> This is a safe number to contact me at.
Email Address	<input type="checkbox"/> This is a safe email to contact me at.

Describe the incident(s) that occurred where your rights were violated, please include as much detail as possible (dates, location, staff, interns, or volunteers involved and attach another piece of paper if needed)

Previous actions taken to address this grievance: _____

Client Signature

Date

Turning Point Staff Use Only	
Name of Staff Reviewing Grievance	
Date of Review	
Follow Up Taken	

Turning Point Staff Signature

Date