

Link Associates
CONSUMER GRIEVANCE FORM

STEP ONE

CONSUMER: _____ **GRIEVANT:** _____

Describe incident(s), which gave rise to the grievance. Include dates and individuals involved and recommended solution.

Signature of Grievant: _____

Date sent to Department Director: _____

Date Received/Signature of Department Director: _____

Date Department Director Notified: _____ Signature of Department Director: _____

Written Decision by Department Director:

Signature of Department Director: _____

Date Sent to Grievant: _____

Optional: Conference Date: _____

Acceptance by Grievant: _____

Signature of Grievant/Date of Acceptance: _____

STEP TWO

List reason(s) the decision of the Department Director is unsatisfactory and recommended solution:

Signature of Grievant/Date Sent to Executive Director: _____

Date Received/Signature of Executive Director: _____

Written Decision by Executive Director:

Signature of Director: _____

Date Sent to Grievant: _____

Optional: Conference Date: _____

Acceptance by Grievant: _____

Signature of Grievant/Date of Acceptance: _____

STEP THREE

List reason(s) the decision of the Executive Director is unsatisfactory and recommended solution:

Signature of Grievant: _____

Date sent to President, Board of Directors: _____

Date Received/Signature of President, Board of Directors: _____

Written Decision by Board of Directors Grievance Committee:

Signatures of Board of Directors Grievance Committee:

Signature of President, Board of Directors: _____

Date Sent to Grievant: _____

Date Copy Sent to Executive Director: _____

Acceptance by Grievant: _____

Signature of Grievant/Date of Acceptance: _____