

Grievance/Concern/Comment/Suggestion Form

Name	Date
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Please consider this a :

- Grievance ()
- Concern ()
- Comment ()
- Suggestion ()

Please describe your grievance, concern, comment or suggestion. If specific staff are involved, please give their names.

What would you like to see as the outcome?

Would you like to waive your confidentiality so that any relevant aspect of your treatment can be part of the conversation ?

- () YES, I want to waive confidentiality for the purpose of discussing my grievance/concern/comment/suggestion.
- () NO, I do not want to waive confidentiality.

Signature:

Date:

