



Today's Date: _____

COMPLAINT/GRIEVANCE FORM

Name of Person Reporting Concern: _____

Address: _____

Telephone#: _____ Email: _____

Do you wish to be contacted by us? Yes No

If so, best way to contact you: (please circle) Phone Mail Email

Which Program/Workshop/ Service did you attend? _____

Who from NWFS assisted you? _____

Do you wish to remain anonymous about this complaint during the investigation process?

Yes No if Yes, your information will only be disclosed to the Quality Assurance Dept.

Do you need an interpreter? Yes No If so, for what language: _____

Date, Place, and Time of Incident/Complaint: _____

Describe your incident or complaint: Give us any information that may help us to resolve this concern. Please attach additional pages to this form if you need more space to describe the situation:

Is there anything you have done to help resolve the matter on your own?

What would you like to see happen in this matter?

Please mail or hand-carry this form to the address below Attention: Quality Assurance Dept. Upper management will contact you upon receipt of this form to help facilitate a resolution.

Your Signature _____

Your signature here provides consent for release of information regarding this grievance to the Quality Assurance Department and other appropriate parties.

Form Revised on 9/23/2015 <K:\Office Forms\QA-QI forms>





FOLLOW-UP COMPLAINT FORM

THIS PAGE – OFFICE USE ONLY

Step 1	Initial Response Letter sent on: _____	By QA/QI Specialist: _____
Supervisor Responsible: _____		

Step 2	Date this form provided to Supervisor: _____	Date of contact with participant: _____
		By Phone <input type="checkbox"/> In Person <input type="checkbox"/>
Result	Description of proposed resolution: _____	
NWFS Staff involved was invited to the conversation/meeting? If so, who was the staff? _____		
Participant is satisfied with resolution <input type="checkbox"/> Participant is dissatisfied with resolution <input type="checkbox"/>		
Satisfied participant signature (if contacted in person) _____		Date _____
Dissatisfied participant signature (if contacted in person) _____		Date _____

Step 3	Date this form was provided to QA/QI Committee: _____	Date of committee decision: _____
	QA Committee Members reviewing the case: _____	
Result	Description of Committee resolution: _____	
Date of meeting with participant: _____ By Phone <input type="checkbox"/> In Person <input type="checkbox"/>		
Notes from the conversation: _____		
Participant is satisfied with resolution <input type="checkbox"/> Participant is dissatisfied with resolution <input type="checkbox"/>		
Satisfied participant signature (if contacted in person) _____		Date _____
Dissatisfied participant signature (if contacted in person) _____		Date _____

Step 4	Date this form provided to Executive Director: _____	Date of ED decision to QA/QI Specialist: _____
Result	Written decision mailed to participant on: _____ (No more than 30 days from the INITIAL RESPONSE LETTER)	

