

Client Grievance Form

Person reporting grievance (optional, you may choose to remain anonymous):

Contact information for person reporting grievance (optional, you may choose to remain anonymous):

Date of incident:

Date of report:

Against whom is your complaint being made? Provide their name and title, if known to you:

Description of Grievance:

What is the resolution or outcome you are seeking?

Witness information (if applicable):

Signature (optional, you may choose to remain anonymous):

Date:

This portion to be complete by Pro Bono Counseling staff

Grievance received by:

Date received:

Date that the employee against whom the complaint is being made was notified:

Findings:

Action to be taken:

Signature of manager/director:

Date:

Signature of employee:

Date: