

# ComWell Client Grievance Form

Date of Complaint: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Complaint/Grievance *(Please include details such as whom the grievance is filed against, when it occurred, what led to the grievance, what would be an appropriate resolution):* \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Client/Aggrieved Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by ComWell Staff:**

Resolution: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

ComWell Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Leadership Team Member Signature \_\_\_\_\_ Date \_\_\_\_\_