

Client Complaint/Grievance



If there is a problem or concern, we want to know about it. You will not be treated badly or disrespected for doing this. If needed a staff member at Catholic Charities can help you write information on the form using your own words.

Today's Date:		Catholic Charities Program/site:	
Name:		Phone:	
Address:		Email:	
Preferred way to reach you:			
Client Age (if under 18):		Parent/Guardian name if under 18:	
Explain the complaint or grievance (What happened?) Be as specific as you can: Describe when and where this happened, who was involved, date problem occurred, etc.			
What do you want done to resolve the issue?			
How have you attempted to resolve the issue?			

TIER 2 TO be completed by Manager/Senior Manager within five (5) working days
Date Received by Manager/Senior Manager:
Findings:
Proposed Resolution:
Acceptable to Client (yes or no):
If no, client intends to move on to the next step in the grievance process (yes or no):
If yes, date client initiates Tier 3 in the process:

TIER 3 TO be completed by Senior Manager/Division Director within five (5) working days
Date Received by Senior Manager/Division Director:
Findings:
Proposed Resolution:
Acceptable to Client (yes or no):
If no, client intends to move on to the next step in the grievance process (yes or no):
If yes, date client initiates Tier 4 in the process:

TIER 4 TO be completed by VP of Programs within five (5) working days
Date Received by VP of Client Services :
Findings:
Proposed Resolution:
Instructions/resources for external review:

A copy of this completed form should be given to the client.