

\_\_\_\_\_ Number

### Riverview Grievance Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Grievance Type: \_\_\_ Non-Urgent \_\_\_ Urgent (Consider a Level II until reviewed)

Location: \_\_\_\_\_ Event \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Grievance: What is the Problem? \_\_\_\_\_

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Have You Tried to Fix the Problem? How? \_\_\_\_\_

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Desired Outcome: What Would you Like? \_\_\_\_\_

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Client: \_\_\_\_\_ PSW: \_\_\_\_\_ Date: \_\_\_\_\_

Responder: \_\_\_\_\_ Date: \_\_\_\_\_

What RPC Will Do: \_\_\_\_\_

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If you do not accept or agree with this solution you have TEN DAYS to appeal this grievance.  
Please contact Peer Support (ph 624-3954) or the Advocate (624-4663) if you need assistance.  
By signing below I am affirming that I have received a copy of this grievance form and proposed resolution.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] Return to \_\_\_\_\_ for response by: \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_

[ ] Return to PSD for Step One Response

Received by Unit PSD or designee	Received by Superintendent's Office	Received by Grievance Tracking Office
_____ Signature of Recipient		
_____ Receipt Date	_____ Time	