

_____Number

Riverview Grievance Form

Name: _____ Date: _____ Time: _____

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

Location: _____ Event _____ Event _____
Date: _____ Time: _____

Grievance: _____

Desired Outcome: _____

Client: _____ PSW: _____ Date: _____

Responder: _____ Date: _____

Offered Solution: _____

Agree Do Not Agree If more room is needed for documentation please use the reverse

Client Signature _____ Date _____

Return to _____ for response by: ____/____/____ at _____

Forward to PSD for Step One Response

<p>Received by Unit PSD or designee</p> <p>_____ Signature of Recipient</p> <p>Receipt Date _____ Time _____</p>	<p>Received by Superintendent's Office</p> 	<p>Received by Risk Manager Process Tracking</p>
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If the client wishes to have this grievance reviewed by the Superintendent, he or she has 10 days to request an appeal. It is recommended that the client request the assistance of the Peer Support Group or Advocate's Office in the filing of this appeal.