

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Acknowledgement Letter Provided?

Yes  No  Date: \_\_\_\_\_

Outcome Letter Provided?

Yes  No  Date: \_\_\_\_\_

## Grievance Log

**Date Grievance Filed:** \_\_\_\_\_

**Grievance entered by (staff person):** \_\_\_\_\_

**Reported to Facility Administrator/Clinic Manager?** Yes  No  FA/CM Initials: \_\_\_\_\_

**Name of Grievant:** \_\_\_\_\_

**Description of Grievance:**

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**Actions/Steps Taken:**

Date: \_\_\_\_\_ Actions/Steps completed by (staff person): \_\_\_\_\_

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Date: \_\_\_\_\_ Actions/Steps completed by (staff person): \_\_\_\_\_

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Date: \_\_\_\_\_ Actions/Steps completed by (staff person): \_\_\_\_\_

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**Resolution:**

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**Was the Grievant provided a verbal explanation of the above resolution?**

Yes  No  Date: \_\_\_\_\_

**Was the Grievance escalated?**

If so to whom:

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**\*Please attach any documentation regarding the escalation of the grievance.**