

Sample Client Rights Formal Grievance Form:

Name of Agency/Organization/Facility/Clinic/Service Provider: _____

Name of person complaining: _____

Date of submission: _____

Reason(s) for grievance(s):

Right(s) violated:

Evidence provided:

Relief/resolution sought:

Signature of person complaining or person complaining on patient's behalf.

Note: Grievances are not required to be written. Grievances can be submitted to the Client Rights Specialist orally. If grievances are communicated orally, the grievant should inform the Client Rights Specialist that it is the grievant's intent to file orally.