Washington County Behavioral Health Board Client Complaint/Grievance Form

Name of Grievant:	Date:
Client Representative:	
Client Rights Officer:	
RELEASE OF CONFIDE	NTIAL INFORMATION (3/25)
I,	, authorize
The Washington County Behavioral Health	Board to share information with
abou	t
, whose date of birth is	for the purpose of resolving this
grievance.	
Signature	Date
Step One:	
Description of the complaint (continue on t	he back if needed):
Action being requested by the grievant:	
Signed (grievant)(Pleas	se print name)
(Grieva	ant's signature)

Proposed action to resolve the complaint/Grievance (to be completed by the Client Right's Officer - continue on the back if needed):

This resolution is accepted: Grievant's signature:	Date:	
This resolution is NOT accepted:	Butc	
Grievant's reason(s) for not accepting the propose	ed resolution:	
Grievant's signature:	Date:	
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Step Two:		
1 request that this complaint of considered as	a formal grievance and referred to th	
Executive Committee of the Board for review: YesNo		
Executive Committee of the Board for review:		
Executive Committee of the Board for review: No (Grievant's initials)	be completed by the Chairperson of th	
Executive Committee of the Board for review: YesNo Grievant's initials) Members of the Board Executive Committee: Proposed action to resolve the grievance (to b Board Executive Committee - continue on the backets)	be completed by the Chairperson of th	
Executive Committee of the Board for review: YesNo Grievant's initials) Members of the Board Executive Committee: Proposed action to resolve the grievance (to b Board Executive Committee - continue on the backers of the Board Executive Committee - Chairperson of the Board Executive Committee	be completed by the Chairperson of th	
Executive Committee of the Board for review:	be completed by the Chairperson of th	
Executive Committee of the Board for review:	be completed by the Chairperson of the ck if needed):	

Grievant's signature:	Date:
I understand that I have the right to further grieve my iss agencies as identified in this Board's "Client's Rights and Cli which I have been provided by the Board Client Right's Office	ent Grievance Procedures"
Grievant's signature:	Date:
Client Right's Officer:	Date:

<u>Please Note:</u> all additional memoranda or other written documents which assist in defining the complaint, grievance, resolution or other action taken must be attached to this form and maintained as a part of the complaint/grievance record.

(revised 11/97)