

**FORMAL GRIEVANCE FORM**

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Name of Grievant (Please Print):		Phone Number:	
Date, time, and place of grievance:			
Date you became aware of grievance ( <i>if different</i> ):			
Detailed description of grievance including names of other parties involved (if any):			
Proposed solution to grievance:			
<p><b>Grievant: Please submit a copy of this form to Kee Essentials' Clinical Supervisor, Manager, or Owner, and ensure that you receive a copy for your records. You can expect to hear back from our designated management team within 24 to 48 hours regarding your grievance. If you have any questions or need further assistance, please do not hesitate to contact our office.</b></p>			
Grievance Filed with ( <i>Print Name</i> )	Date	Grievant Signature	Date