



Grievance Report

Date of Report _____

Complainant _____

Address & Phone _____

Nature of Grievance or Complaint:

Person(s) or staff person(s) involved with grieved treatment:

To be filled out when issue is resolved:

Date issue is resolved

Complainant's Signature

Involved Person(s) Signature

Co-op Director's Signature

This completed form will be put in child(s) records.