

Grievance Form		
Today's Date:	Date of Event:	Printed Name:
Phone number:	Address:	
If not a client, what is	your relationship to client	(family, advocate, etc.):
Description of event, in additional sheets if nec		, witnesses (if any), and any attempts to resolve the problem. Use
For the limited		AL Waiver of Confidentiality this grievance, I waive my right to confidentiality □ Yes □ No
law. There shall be no grievance or participate from the original issues	harassment, coercion, intired in the grievance resolut	tes their right to file a grievance is strictly prohibited by state and federal midation or discrimination against an individual who has filed a ion process. Charges of retaliation shall be treated as separate and distinct gations and will be reported to the State of Alaska Department of Health th.
Grievant Signature:		Date:
Received by (Staff printe	d name).	Date: