

Month: \_\_\_\_\_  
Year: \_\_\_\_\_

Acknowledgement Letter Provided?  
Yes  No  Date: \_\_\_\_\_  
Outcome Letter Provided?  
Yes  No  Date: \_\_\_\_\_

**Grievance Log**

Date Grievance Filed: \_\_\_\_\_  
Grievance entered by (Staff person): \_\_\_\_\_  
Reported to Facility Administrator/Clinic Manager? Yes  No  FA/CM Initials: \_\_\_\_\_  
Name of Grievant: \_\_\_\_\_

**Description of Grievance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions/Steps Taken:**  
Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolution:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was the grievant provided a verbal explanation of the above resolution?**  
Yes  No  Date: \_\_\_\_\_

**Was the Grievance escalated?**  
If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.