



# Creekside Collaborative Therapy Client Grievance Form

## Date



Month    Day    Year

## Name of person filing grievance:

First Name      Last Name

## Date of Birth:

## Phone Number:

## Home Address

Street Address

Street Address Line 2

City


State / Province

Postal / Zip Code

## Email

# Details of Event Leading Grievance

## Date and Time of Event

Month Day Year  Hour Minutes

## Location of Event

## Account of Event

Please provide a detailed information. Include the names of persons involved.

## Violations

## Proposed Solution

\*Your signature below indicates that the information you have provided above is truthful.

**Received by:**

First Name

Last Name