

PARTNERSHIP FOR FAMILIES, CHILDREN AND ADULTS, INC.
Client Grievance – Notification of Resolution

Date Grievance Received: _____ Date: _____
Complainant: _____ Respondent: _____
Assigned Program: _____ Work Site: _____

State the complainant's grievance in brief; but detailed terms (*attach additional documentation if necessary*):

TO BE COMPLETED AT THE PROGRAM LEVEL OR HIGHEST LEVEL OF RESOLUTION:

Was agency policy and procedure followed? Yes No If No, explain: _____

Were established timelines met? Yes No If No, explain: _____

Outline follow-up and eventual solution reached (*attach additional documentation if necessary*):

I have been advised of my right to appeal and prohibition against retaliation. Yes No

My signature affixed below signifies that I have received a copy of this notification of resolution and accept its outcome:

Complainant _____
Date

Witness _____
Date

CC: Program Director
PQI Coordinator
Client