



Grievance Form

The Innovative Health Solutions Grievance Form is available to all clients and volunteers. If a grievance is needed to be filed during your time as an Innovative health Solutions Volunteer, the information below would be required for documentation. There are also copies available to you digitally or in the office upon request.

Date: _____ Classification (If Applicable): _____

Grievant(s) Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

STATEMENT OF GRIEVANCE (Nature and facts of grievance: who, what, when, where, why)

CONTRACT VIOLATIONS (List all Contract Articles and how they were violated)

REMEDY SOUGHT (What action will resolve this grievance)

DISPOSITION OF GRIEVANCE (What happened)

Signature of Grievant

Date

Signature of Recipient

Date