**CLIENT GRIEVANCE FORM**

**Purpose:** Harbor Houses encourages you to be an active participant in your treatment services. If you feel that you are not satisfied with the services rendered and your client rights have been violated, you have a right to file a complaint.

**Procedure:** The following steps outline the procedures for making your complaint known and to have your needs met. Follow each step in order until you feel your complaint has been addressed to your satisfaction. First, discuss your concern(s) with your assigned therapist immediately and request a client grievance form to be submitted to the assigned therapist, CT Manager, or Clinical Operations Director at your discretion. Second, request a meeting with the Clinical Operations Director within five (5) days of your first report of complaint. Third, request a meeting with the Assistance Executive Director or Executive Director within three (3) days of the meeting with the Clinical Operations Director.

**Please Use This Form to Describe the Nature of your Grievance**

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| **Today’s Date:** |
| **Client Name/Case #:** |
| **Date Entered Treatment:** |
| **Therapist Name:** |
| **Description of Grievance:** *(Please provide facts, dates, and the nature of complaint. Use additional sheets if needed.)* |
| **Investigation Results:** |
| **Actions Taken:** *(Include dates)* |
| **Final Resolution:** |

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|  |  |
| Staff Signature/Credentials | Date |
|  |  |
| Client Signature | Date |