

Health Education Collaborative Grievance Form

Contact Details

Name of Complainant: _____

Address: _____

Phone. (H) _____ (M) _____ (W) _____

Designation: Student Employee Collaborative Partner Other

Date of event/issue leading to grievance: ____ / ____ / ____

Nature of Complaint: describe in as much detail as possible the issue/nature of the complaint/grievance (include names and additional persons if applicable).
(Use additional sheets if necessary)

Have you tried to resolve the complaint/issue? yes no

If yes, what action have you taken.

Proposed Action/Resolution (for example, request a meeting, formal complaint process)

Signature of Complainant: _____

Date Received: _____ / _____ / _____

Received by Name and Signature: _____