

CHILD ADULT RESOURCE-SERVICES, INC.
Grievance Form

- (1) Type or Print legibly in dark blue or black ink.
- (2) Attach any supporting documents to this form to assist with a quick resolution to the matter.
- (3) Keep a copy of all documentation about your Grievance for yourself.

Person Wishing to File a Grievance:

Name (first & last) _____

C.A.R.S. Program / Site _____

Home Address _____

City, State, Zip _____

Primary Contact # _____

Email Address _____

Grievance: Grievance in detail is attached to this Grievance Form

Use the space below to describe your Grievance. Include the date, time, place where it occurred, names of people involved, names of witnesses, etc. If you already have a letter or any other written statement that includes this information – simply attach it to this form.

Step 1: Talk to your Program Supervisor:

Program Supervisor _____

Date of Meeting _____

Meeting Took Place Phone Call In Person

Notes from Meeting

Step 2: Talk with the CEO – Chief Executive Officer:

CEO _____

Date of Meeting _____

Meeting Took Place Phone Call In Person

Notes from Meeting

Step 3: Ask the Board of Directors for Resolution:

Chairman of Board _____

Date of Contact _____

Made Contact Phone Call Email

Documentation Sent (date) _____

Documentation Sent Email Fax Postal Mail

Notes from Contact with Chairman of the Board

Resolution: Resolution in detail is attached to this Grievance Form

After Resolution – Signature of Person Filing a Grievance

Date