

Who was involved and how were they involved? _____

Name(s) of witness(es), if any and how they can be reached.

Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

What remedies are you looking for? _____

I request that the ClearView Grievance Board (CVGB) investigate the above reported incident. I understand that CV may need to interview other staff and/or review my medical record as part of the investigation; I therefore give the CVGB authority to take steps necessary to conduct a thorough investigation. I also understand that I have the right to have someone assist me with the grievance.

Client Signature

Date

ClearView Grievance Board Representative

Printed Name