GRIEVANCE OR CONCERN FORM

Anyone may use this form to share a concern or complaint about our services, programs, staff, peers, volunteers, or organization.

You may submit this form anonymously.

YOUR INFORMATION *(Optional)*

Name: _____ Date: _____
Phone/Email: _____

How do you know PAST Recovery Services?
☐ Receive services ☐ Former participant ☐ Family/Friend
☐ Community member ☐ Partner organization ☐ Volunteer ☐ Other _____

WHAT IS YOUR CONCERN ABOUT?
☐ Services or programs ☐ Staff, peer, or volunteer ☐ How I was treated
☐ Privacy ☐ Safety ☐ Unfair treatment/discrimination
☐ Program or policy ☐ Other

TELL US WHAT HAPPENED

What happened? Please include as much information as you feel comfortable sharing.

_____
_____
_____

When did it happen? _____ Where? _____
Who was involved? _____
Did anyone else see or know about what happened? ☐ Yes ☐ No ☐ Not sure
If yes: _____
_____

May we contact you? ☐ Yes ☐ No
Signature (optional): _____
_____

FOR OFFICE USE ONLY
Date Received: _____
Received By: _____
How Received: ☐ Paper ☐ Website ☐ In Person ☐ Verbal ☐ Other
Assigned To: _____ **Status:** ☐ Open ☐ Closed

Action Taken/Outcome:

_____

_____

_____

_____

_____

_____

Date Closed: _____