

**Jefferson Oaks Behavioral Health, Inc.**  
PERSON SERVED COMPLAINT/GRIEVANCE REPORT FORM  
Grievance response time is within 7 days.

NAME OF PERSON SERVED: \_\_\_\_\_

TYPE OF COMPLAINT/GRIEVANCE: \_\_\_\_\_

Date complaint received: \_\_\_\_\_

Date of meeting: \_\_\_\_\_ Time of meeting: \_\_\_\_\_ a.m./p.m.

Brief description of grievance (Use reverse side if necessary):

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Was grievance discussed prior to this meeting or form? If so, with whom?

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Previous responses to grievance as reported by complainant (include approximate dates):

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Proposed solution for grievance:

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\_\_\_\_\_  
Person Served Signature

\_\_\_\_\_  
Date

**Staff Only**

\_\_\_\_\_  
Obtained by  
Print Staff Name

\_\_\_\_\_  
Date Obtained

\_\_\_\_\_  
Program Manager

\_\_\_\_\_  
Date Reviewed  
Reviewed by PM