

GLFS Step 1 Client Grievance Form

Location GLFS Google Drive: Shared Drive/Policies/Human Resources/Grievance/Client Grievance Forms/
Step 1 Client Grievance Form

Guardian Light Family Services
Step 1 Client Grievance Form

Grievant Information	
Name (print please)	
Mailing Address:	Contact Phone Number:
Details of Grievance	
Date, Time and Location of Occurrence	Witnesses (if applicable)
Please provide a detailed account of the occurrence. Include the names of any additional persons involved.	
Please retain a copy of this report for your own records. Please submit the original to Executive Administrator, 509 East 4 th Street, Ste E, North Platte NE 69101	
Signature	Date
By signing this document, I agree the information I have provided is accurate and truthful. I understand falsifying information can lead to disciplinary action.	
I agree to keep all information regarding this grievance confidential and I will not discuss this with any employees, clients, witnesses, or others who may be involved in the investigation of this grievance.	
GLFS Staff Members Response	
GLFS Staff Members Signature	Date
GLFS Supervisors Signature	Date
Upon receipt of this grievance: GLFS Staff Member in conjunction with their Supervisor will 1) respond in writing within 10 business days of the receipt of your grievance; 2) will inform grievant of Step 2 Appeal Information and 2) send copies of this completed report to Executive Administrator to be filed in your client records.	

GLFS Step 2 Client Grievance Form

Location GLFS Google Drive: Shared Drive/Policies/Human Resources/Grievance/Client Grievance Forms/
Step 2 Client Grievance Form

Guardian Light Family Services
Step 2 Client Grievance Form

Grievant Information	
Name (print please)	
Mailing Address	Email Address
Details of Occurrence	
Date, Time and Location of Occurrence	Witnesses (if applicable)
Please provide a detailed account of the occurrence. Include the names of any additional persons involved.	
Recommended Solution	
Please retain a copy of this report for your own records. Please submit the original to Attention: Human Resources, 509 East 4 th Street, Ste E, North Platte, NE 69101	
Signature	Date
By signing this document, I agree the information I have provided is accurate and truthful. I understand falsifying information can lead to disciplinary action.	
I agree to keep all information regarding this grievance confidential and 1) will not discuss this with any employees, witnesses, or others who may be involved in the investigation of this grievance; 2) agree to comply with all the investigation requirements.	
Human Resources Signature	Date
Upon receipt of your grievance, Human Resources will mail the grievant a letter informing 1) of any next steps required if applicable; 2) the appeal panel decision within 30 business days (or a letter should the time frame require more than 30 business days) with 3) Right to request DHHS Grievance Review or final and binding arbitration information (depending on if grievant is DHHS client)	

GLFS Step 2 Appeal Investigation Client Form

Location GLFS Google Drive: Shared Drive/Human Resources/Grievance/Appeal Investigation Forms/Step 2 Appeal Investigation Form

Guardian Light Family Services
Step 2 Client Grievance Form

Grievant Information	
Name (print please)	
Mailing Address	Email Address
Details of Occurrence	
Date, Time and Location of Occurrence	Witnesses (if applicable)
Please provide a detailed account of the occurrence. Include the names of any additional persons involved.	
Recommended Solution	
Please retain a copy of this report for your own records. Please submit the original to Attention: Human Resources, 509 East 4 th Street, Ste E, North Platte, NE 69101	
Signature	Date
By signing this document, I agree the information I have provided is accurate and truthful. I understand falsifying information can lead to disciplinary action.	
I agree to keep all information regarding this grievance confidential and 1) will not discuss this with any employees, witnesses, or others who may be involved in the investigation of this grievance; 2) agree to comply with all the investigation requirements.	
Human Resources Signature	Date
Upon receipt of your grievance, Human Resources will mail the grievant a letter informing 1) of any next steps required if applicable; 2) the appeal panel decision within 30 business days (or a letter should the time frame require more than 30 business days) with 3) Right to request DHHS Grievance Review or final and binding arbitration information (depending on if grievant is DHHS client)	

**Guardian Light Family Services
Client Rights & Grievance Policy**

**Guardian Light Family Services
Step 2 Appeal Investigation Form**

What did you do in response to the incident or behavior?
What did you say in response to the incident or behavior?
How did the subject of the allegation react to your response?
Did you report this to anyone in management (other than the grievance)? To whom? When? What they say and/or do?
Did you tell anyone about the incident or behavior? Who? What did they say and/or do?
Were any policies, procedures, or guidelines violated in the incident described?

GLFS Step 2 Appeal Investigation Witness Form

Location GLFS Google Drive: Shared Drive/Human Resources/Grievance/Appeal Investigation Forms/Step 2 Appeal Investigation Witness Form

**Guardian Light Family Services
Step 2 Appeal Investigation Witness Form**

Grievant Information	
Name (print please)	Job Title
Name of person being interviewed (if applicable)	
Details of Investigation	
What was the Date, Time and duration of the incident or behavior you witnessed?	
What did you witness?	
Who was involved?	
What did each person say? (if applicable)	
What did each person do? (if applicable)	

**Guardian Light Family Services
Step 2 Appeal Investigation Witness Form**

Did anyone else see it happen? Who (if applicable)?
What did you do after witnessing the incident or behavior?
Did you say anything to the people involved in response to what you witnessed?
How did the complainant and the subject of the allegation react to your response?
Did you report this to anyone in management (other than the grievance)? To whom? When? What they say and/or do?
Did you tell anyone about the incident or behavior? Who? What did they say and/or do?

**Guardian Light Family Services
Client Rights & Grievance Policy**

**Guardian Light Family Services
Step 2 Appeal Investigation Witness Form**

Do you know why the incident or behavior occurred?	
Is there anything else you want to tell us that we haven't asked you?	
Additional Comments	
Appeal Panel Signature	Date
By signing this document, I agree the information I have provided is accurate and truthful.	
Human Resources Signature	Date
Upon receipt of the appeal panel decision, Human Resources will mail the grievant a letter 1) informing the results of the appeal panel decision within 30 business days (or a letter should the time frame require more than 30 business days) with 3) Right to request DHHS Grievance Review or final and binding arbitration information (depending on if grievant is DHHS client)	