



H.O.P.E. Group L.L.C.

Dedicated to Honoring and Optimizing the Potential in Everyone

Client/Provider Grievance Form

1. Please describe the situation about which you are concerned (i.e., date; time; location, etc.):

2. Please list all parties involved in this situation and their relationship to H.O.P.E Group (i.e., Provider, Client, Client's Parent/Guardian, not related to H.O.P.E. Group):

3. What steps have you taken, if any, on your own prior to contacting the H.O.P.E. Group office staff to remedy the above-mentioned grievance?

4. Which resources provided to you by H.O.P.E. Group were used or were recommended that you use in order to handle this situation (i.e., Incident report, H.O.P.E. Group Staff support, Policy & Procedures Manual, etc.)? **If an Incident Report was written, please note below when it was sent in to H.O.P.E. Group.**

5. What are your expectations of the H.O.P.E. Group Staff and how this situation should be handled?

SIGNATURE: _____ DATE: _____

H.O.P.E. Group Staff Signature and Date: _____

Please note that the above information is available for all inquiries by Staff, Providers and/or Clients or those that the H.O.P.E Group Management deems eligible.