Youth Bridge
BUILDING BRIGHTER FUTURES

_____
Control #

CLIENT/FAMILY GRIEVANCE: *CLIENT/FAMILY'S STATEMENT*

Your Name: _____ Date: _____

LOCATION

OUTPATIENT	RESIDENTIAL
☐ **Centerton Office**	☐ **Group Home**
☐ **Fayetteville Office**	☐ **Substance Abuse Treatment**
☐ **Harrison Office**	☐ **Centerton Shelter**
☐ **Mt. Home Office**	☐ **Fayetteville Shelter**
☐ **Carroll County**	☐ **Transitional Living Prog: ___HUD ___ RHY**

INITIAL INFORMATION

Have you discussed this issue with a Youth Bridge employee? ☐ **Yes** ☐ **No**

If yes, please list the names(s) of the employee(s): _____

_____

GRIEVANCE STATEMENT

Please describe the incident with as much detail as you can. If you need more space, continue on a separate page.

_____

Client/Family Signature

Collector Sends Original to CQI & a Copy to Investigator;
Investigator Sends the Copy to PQI