

GRIEVANCE FACT SHEET

GRIEVANT INFORMATION

GRIEVANT NAME	
HOME ADDRESS	
Complaint Against	Please circle one: Infin8e Counseling Connections LLC / Therapist/ Receptionist/ Other
Contact Preference	
DATE OF INCIDENT	
DATE OF COMPLAINT	
LOCATION:	

DETAILS OF EVENT LEADING TO GRIEVANCE

WHO WAS INVOLVED? Provide names and titles. Include witnesses.	
WHEN DID IT OCCUR? Date and time	
WHERE DID IT OCCUR? Specific locations	
WHAT HAPPENED? Describe the event in detail. Also, describe any incidents giving rise to the grievance.	
WHY IS THIS A GRIEVANCE? List all policies, procedures, and guidelines violated in the event described.	
WHAT ADJUSTMENT IS REQUIRED? Describe what must be done to correct the situation / problem.	
ADDITIONAL COMMENTS Attach sheets, if needed.	

