

DAPA® Family Recovery Programs

Client Grievance Report

I, _____, do hereby exercise my right to seek remedy for the following grievance: _____

Please describe the incident:

What outcome would be satisfactory:

Client Signature _____ Date / Time

Guardian Signature (if necessary) _____ Date / Time

Staff Signature _____ Date / Time

ESCALATION (If satisfactory resolution can not be reached.)

To Administrator: _____
Staff Member _____ Date / Time

To Medical Director: _____
Staff Member _____ Date / Time