**MYEP Grievance Form**

**Part I** (to be completed by person served or person acting on their behalf)

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| **Your Name:** | |
| **Relationship to person served:** | |
| **Please state your concern: (attach additional information if needed):** | |
| **What action would you recommend for a solution:** | |
| **Your signature:** | **Date:** |

**Pat II** (to be completed by MYEP Board of Directors- Executive Committee Representative)

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| **Name of MYEP Representative:** |
| **Position:** |
| **Date Grievance Received:** |
| **Recommended Grievance Solution:** |
| **MYEP Representative Signature:** |
| **Date Delivered:** |

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| **To be completed by: Director of Quality Assurance & Training** |
| **Was this a privacy PHI complaint?** (If so, assure that it is reported to the Director of Human Resources and Support Services): **Yes**  **No** |
| **Was this issue resolved? If yes, how**: |
| **Person/Guardian have been notified of the resolution:**  **Yes**  **No** |
| **How were parties notified of resolution?** |