**MYEP Grievance Form**

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

|  |
| --- |
| **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)

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

|  |
| --- |
| **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?**  |