



CLIENT GRIEVANCE FORM

Lighthouse welcomes you to share your concerns as a way for us to improve our services and quality of care. We will keep your concerns private, review your concerns promptly, and discuss any pending action. Lighthouse is committed to honoring your confidentiality throughout this process.

Name: _____ Today's Date: _____

Name of Staff/volunteer you have grievance with: _____

Purpose:

A grievance should be filed if you:

1. Have a concern regarding a Lighthouse program, staff, or volunteer.
2. Are appealing a termination from a Lighthouse program.

Directions:

1. You may submit a grievance online through our website. [Click here.](#)
2. Or, you may complete a paper form and submit it via email, mail, or in person if you have been given permission to be on Lighthouse's property.
3. Your grievance will be reviewed within two business days. Lighthouse may contact you to discuss your grievance further and/or to discuss any potential next steps.

Lighthouse Office Use Only

Date Received: _____ Received By: _____

Action Taken:

Describe the event(s) and/or the decision you are appealing. Please state the facts as you understand them. Do not include opinions or arguments.

When did this event occur:

What corrective action would you like to see?