

## Client Grievance Summary and Resolution Notice

Client name: \_\_\_\_\_

Date of reported grievance: \_\_\_\_\_

Employee receiving report: \_\_\_\_\_

Documentation of grievance (attach details of the issue reported by client and/or legal representative):

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Documentation of action taken to achieve resolution:

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Did the client request assistance from an outside agency such as MnARC, MN Disability Law Center, MN Department of Human Rights, or MN Office of the Ombudsman (if yes, attach documentation from representing agency)?

- ☐ Yes  
☐ No

Were related policies and procedures followed?

- ☐ Yes  
☐ No

Were related policies and procedures adequate?

- ☐ Yes  
☐ No

If No, what corrective action was taken by the company to protect the health and safety of clients?

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Is there a need for additional employee training to prevent future concerns?

- ☐ Yes  
☐ No

If Yes, what corrective action was taken by the company to protect the health and safety of clients?

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Is this grievance similar to past grievances with the client, employees for services?

- ☐ Yes
- ☐ No

If Yes, what corrective action was taken by the company to protect the health and safety of clients?

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Date of notification of status of grievance: (within 14 calendar days of report): \_\_\_\_\_

Signature of Merrick's Executive Director:

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Date: \_\_\_\_\_

Signature of client or legal representative:

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Date: \_\_\_\_\_