

Merrick Inc., Client Concern Summary

Client name: _____

Date of reported concern: _____

Name of person reporting concern: _____

Employee receiving report: _____

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

Documentation of action taken to achieve resolution:

Does this qualify as a grievance (if yes, follow procedures in client grievance policy)?

- Yes
- No

Date of notification of status of concern: (within 14 calendar days of report): _____

Signature of Merrick's Assistant Program Director:

Date: _____

Signature of client or legal representative:

Date: _____