## **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 inform	mation if needed):
What action would you recommend for a solution:	
What action would you recommend for a solution.	
We are the second of	D. J.
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?