GRIEVANCE FORM

Date of grievance:

_____

Name of individual filing grievance:

_____

Explanation of grievance:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Filer's signature: Date signed:

_____

Please mail completed form to:

Access to Counseling
ATTN: Tammie Hale, Compliance Officer
3033 NW 63rd Street, Suite #100
Oklahoma City, OK 73116
Phone 405-242-2242, Fax 888-688-7013

GRIEVANCE FORM

THIS SIDE FOR ACCESS TO COUNSELING'S INTERNAL USE

Proposed resolution:

Compliance Officer's Signature: Date signed: