



*YOLO ADULT DAY HEALTH CENTER*

**GRIEVANCE REPORT**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grievance Reported By: \_\_\_\_\_ Date of Grievance: \_\_\_\_\_

**CLIENT COMMENTS**

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**INITIAL RESPONSE**

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

**RESOLUTION**

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