



65 THOMAS JOHNSON DRIVE, SUITE A, FREDERICK, MD 21702

Grievance Form

Date of Submission: _____

Full Name (encouraged but not required): _____

Email (encouraged but not required): _____

Phone number (encouraged but not required): _____

Complaint Information

Please describe, in detail, the issue you would like to report. Include relevant date(s), and person(s) involved pertaining to this complaint (attach additional documentation as needed)

Have you attempted to resolve this issue with the person(s) involved and/or the Clinical Supervisor?

yes No

If yes, what was the outcome?

Any other relevant information:
