

# Walsh County Nutrition & Transportation Program

DIRECTIONS: Please complete form and turn into the Site Manager (or Bus Driver) or the Nutrition and Transportation Office. Each claim will be dealt with discretely and quickly.

## CLIENT GRIEVANCE FORM (TO BE COMPLETED BY THE CLIENT)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE CHECK APPROPRIATE AREA OF CONCERN:

MEAL SITE

HOME DELIVERED MEAL

TRANSPORTATION

OTHER

Site: \_\_\_\_\_

Site: \_\_\_\_\_

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

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

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

GRIEVANCE EXPLANATION:

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## INVESTIGATION/RESOLUTION (TO BE COMPLETED BY THE PROJECT DIRECTOR)

WHO: \_\_\_\_\_

SITE: \_\_\_\_\_

WHAT: \_\_\_\_\_

WHEN: \_\_\_\_\_

GRIEVANCE DOCUMENTATION  
(INCLUDE ACTION TAKEN, FOLLOW-UP, TRAINING, ETC.)

SUPERVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_