

Strong Minds Grievance Request

Program Information

Program Name: _____
Address: _____
Phone: _____

Description of Grievance (Please specify what you believe was erroneous, unfair, or inconsistent with Strong Minds Policies and Procedures):

Desired Outcome:

Please include any supporting documentation you want to be considered.

Representative Signature & Title

Date

To be completed by Grievance Committee Only

Decision:

- Request Approved
 No Grounds for Grievance
 Other

Comments:

Strong Minds System Director Signature

Date