

Send to: TFH Chief Operations Officer
1000 Silver Creek Road
Marquette, MI 49855

Teaching Family Homes of Upper Michigan Grievance Form

You must read and sign the following to have your grievance considered:

I understand the information I am giving is treated as confidential. I am requesting the following information be reviewed by the appropriate people in the TFH grievance procedure, and waive my confidentiality as to those people needed to investigate and solve my problem. I understand that no retaliation will be taken against me for filing this grievance.

Signature

Date

My Name: _____

Current address: _____

Phone: _____

Please answer the following questions:

1. When did the incident happen? _____

2. Who did it? _____

3. Who else was there? List any staff, youth, or other people: _____

4. What happened? Use the back if needed. _____

5. I would like TFH to take the following action: _____

By signing, I am stating the above is true and correct, to the best of my knowledge:

Signature

Date

TFH Office use only:

Date received: _____

Signature: _____