

MHI Individual Grievance

Statement of Grievance

State your concern. Explain the facts as best you understand them. Your parent, guardian, legal representative, family or an employee is a resource for you in advocating for your rights. You may ask any of these persons to help you. We encourage you to contact them to help you with expressing your concern.

Signature

Date

Person Assisting (Print Name)

Findings/Resolution By

Provide summary of discussion, solutions offered, reasons individual did or did not agree to resolution.

First Line Supervisor

Date received for review _____

Date of response _____

Resolved: ☐ Yes ☐ No

Signature _____

Date _____

Director of Nursing

Date received for review _____

Date of response _____

Resolved: ☐ Yes ☐ No

Signature _____

Date _____

Grievance has been sent to HRC as of this date _____

Human Rights Committee Worksheet

Date received copy of grievance _____

Date received from director of nursing _____

Grievance Subcommittee Members Assigned

Work of the Grievance Subcommittee

Documentation of Investigation and Facts Relied On

Findings and Conclusion of Investigation
(To be completed in 10 business days of receipt from director of nursing.)

Recommended Action and Resolution of the Grievance
(To be completed within 5 business days of completion of investigation.)

Date of Human Rights Committee decision _____