



Creative Empowerment Opportunities

“Empowering People for Success”

GRIEVANCE FORM

(Attachment A)

NAME: _____ DATE: _____

A. Describe the situation you are in grievance about.

B. Did physical injury occur to you or did you witness a physical injury? Yes [] No []
If “yes”, was prompt medical treatment provided? Yes [] No []

C. How would you like the situation to be resolved?

D. Action plan developed by immediate site supervisor/ manager and Program Director.

E. Employee/Consumer agrees [] disagrees [] (check one) with this action plan as written.

Employee/Consumer Signature

Date

Supervisor Signature

Date

Program Director

Date

Executive Director

Date



Creative Employment Opportunities Inc. DBA Creative Empowerment Opportunities, a Michigan non-profit service corporation
and an equal opportunity at-will employer.