

Endeavor Health Services GRIEVANCE FORM

This form should only be used when you feel you were not treated with courtesy, consideration, and respect by an Endeavor staff employee.

NO RETALIATION WILL BE TAKEN AGAINST YOU FOR FILING THIS COMPLAINT OR PROCEEDING WITH THE GRIEVANCE PROCEDURE.

Date Form Completed: _____

Name of Client: _____

Name of Parent/Guardian (if applicable): _____

Address: _____
 Street City State Zip Code

Phone number where you can be reached: _____

What was the date of the incident? _____

Against whom is your complaint made? (Name and location of staff person):

Please state the incident that prompted this grievance:

Signature of Person Filing Grievance

Date

Signature of Person Completing Form

Date

You may submit this form directly to our Corporate Compliance and Privacy Officer by mail:

Corporate Compliance Officer
1526 Walden Avenue, Suite 400
Cheektowaga, NY 14225