



**Grievance Form for Parents/Guardians and Consumers**

**Individual Filing Complaint (optional):** \_\_\_\_\_

**Role (i.e. Consumer or Parent/Guardian):** \_\_\_\_\_

**Date of occurrence:** \_\_\_\_\_ **Time of occurrence:** \_\_\_\_\_

**Other Individuals Involved/Witnesses to Complaint (include whether the people are staff, members, other):**

\_\_\_\_\_  
\_\_\_\_\_

**Type of Complaint (select all that apply):**

**Inappropriate Behavior by Employees/Volunteers**

**Inappropriate Behavior by Consumers (another YMCA member, parent, child, or guest)**

**Retaliation**

**Whistleblower complaints**

**Other:** \_\_\_\_\_

**Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, and who was notified? If suspected abuse was it reported to the State?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has this situation ever occurred previously? Yes No If yes, when did it happen?** \_\_\_\_\_

**Describe the remedy you seek. Please list all remedies sought as a result of bringing this grievance. What would you like to see happen to solve this issue?**

\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL INFORMATION**

**Submitted by:** \_\_\_\_\_

**Would you like a staff person to contact you? Yes No Telephone number:** \_\_\_\_\_