

| Your Name |  |
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| Unit      |  |

## **Residential Treatment Program**

| GRIEVANCE  |
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| Complaint:   |
| Please fully describe your grievance, including the problem, the date the situation occurred, and the names of the staff and residents involved. PRESS HARD. |
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| SIGNATURE DATE   |
| Do not write below this line. For supervisory use only.  |
| Program Manager Response:  |
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