

Kids Central, Inc. System of Care Policy & Procedure

COMPLAINT RESOLUTION APPEAL FORM WRITTEN STATEMENT TO THE CEO

Name (Print) _____ Date _____

Department _____ Supervisor's Name _____

Director's Name: _____ Chief's Name _____

SUMMARY OF ATTEMPTS TO RESOLVE THE PROBLEM

Please indicate when you first discussed this with your supervisor/Director: _____ (Date, Time & Place)

Please briefly summarize responses from your Director and Chief:

Please briefly summarize why you disagree with this response:

Date _____ Employee Signature _____

Please attach a copy of the initial complaint as well as the response from your Chief.