

**MOLOKAI OHANA HEALTH CARE, INC
POLICIES AND PROCEDURES
CLIENT GRIEVANCE FORM**

Please Provide the Following Information

The specific action or incident on which the grievance is based, the date the action or incident occurred and individuals involved.

The reason on which the client bases his/her belief that the action was unjustified or that he/she was treated unfairly.

Corrective action desired by the client

A brief summary of the results of the clients attempt to obtain resolution.

Signature: _____ **Date:** _____