

**RENAISSANCE CENTER  
CLIENT GRIEVANCE FORM**

Client's Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please clearly state the problem: Include dates and times. Please be brief and specific:

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*Documents attached?  Yes /  No*

**OUTCOME:**

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*Documents attached?  Yes /  No*

Issued By: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Client agrees  Client Disagrees  with decision \_\_\_\_\_  
*Client Signature*

Client agrees to remain at PR  Client requests' referrals  Yes  Not at this time  
Referrals made: \_\_\_\_\_

**CLIENT APPEAL: (if applicable)**

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*Documents attached?  Yes /  No*

Issued by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Client agrees  Client disagrees  with decision \_\_\_\_\_  
*Client Signature*

Client agrees to remain at PR  Client requests' referrals  Yes  Not at this time  
Referrals made: \_\_\_\_\_

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Copy placed in Grievance File by:

on