

KnoxHMIS FORMAL GRIEVANCE
THIS FORM MUST BE COMPLETELY FILLED OUT

Name of Grievant (Please Print):	Primary Phone: Secondary Phone: E-mail Contact:	
Mailing Address: Street or P.O. Box: City: _____ State: _____ Zip: _____		
Date, time and place of event leading to grievance: _____ Date you notified KnoxHMIS of the event, <i>(if different)</i> : _____		
Detailed description of grievance including names of other persons involved, if any (Grievant): 		
Findings (KnoxHMIS): 		
Proposed solution to grievance (Agency Action Plan): 		
<u>Grievant:</u> File a copy of this form with KnoxHMIS and retain a personal copy. This form can be mailed or e-mailed to the following: ATTN: Lisa Higginbotham KnoxHMIS Social Work Office of Research and Public Service 600 Henley Street Suite B80 Knoxville, TN 37996-4104 lhigginb@utk.edu		
Grievance Filed With <i>(Please Print Name of KnoxHMIS Staff)</i>	Grievant's Signature	Date

KnoxHMIS Office Use Only:

Agency notified? Yes No

Date Agency Notified: _____

Name of Agency Staff Notified: _____ Title: _____

KnoxHMIS Policy Provided to Agency: Yes No

Action Plan provided from Agency to KnoxHMIS? Yes No