

# KnoxHMIS FORMAL GRIEVANCE

THIS FORM MUST BE COMPLETELY FILLED OUT

<b>Name of Grievant (Please Print):</b>	<b>Primary Phone:</b> <b>Secondary Phone:</b> <b>E-mail Contact:</b>	
<b>Mailing Address:</b> <b>Street or P.O. Box:</b> <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____		
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):  		
<p><b><u>Grievant:</u> File a copy of this form with KnoxHMIS and retain a personal copy.</b>  <b>This form can be mailed or e-mailed to the following:</b>  <b>ATTN:</b>  <b>Lisa Higginbotham</b>  <b>Program Manager</b>  <b>KnoxHMIS</b>  <b>Social Work Office of Research and Public Service</b>  <b>600 Henley Street</b>  <b>Knoxville, TN 37996-4104</b>  <a href="mailto:lhigginb@utk.edu">lhigginb@utk.edu</a>  <b>865-974-9142</b></p>		
<b>Grievance Filed With</b> <i>(Please Print Name of KnoxHMIS Staff)</i>	<b>Grievant Signature</b>	<b>Date</b>

**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