

**EVOKE WELLNESS COCONUT CREEK  
RESIDENT GRIEVANCE FORM**

Resident Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please document your complaint/grievance (add an additional sheet of information, if desired)


Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Grievant was notified of the process and timeframe involved with the investigation.

Staff Signature: \_\_\_\_\_ Date and Time Received: \_\_\_\_\_

Written Response due date (within 3 business days of Receipt)

Investigation and Response/Resolution:


I am satisfied with the resolution of my filed Grievance.

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

- A copy of this filed grievance and resolution was provided to the Grievant: (within 3 business days of resolution.)

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

- I am not satisfied with the resolution of my grievance but do not want to pursue it any further.

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

- I am not satisfied with the resolution of my grievance and wish to pursue an appeal.

Grievant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

If the Grievance was concluded, Staff assigned will mark the box and initial below:

- Grievance Concluded Staff Initials: \_\_\_\_\_

If the Grievance was not concluded and appeal was requested, assigned Staff will mark the box and initial below:

- Grievance Appeal Requested Staff Initials: \_\_\_\_\_