



## **Clear Horizons Clinical Services**

853 West Center St.  
Orem, Utah 84057  
(801) 206-4200

### **Service User / Community Complaint or Grievance Form**

#### **Service User or Community Member Information**

<b>Name:</b>
<b>Phone:</b>
<b>Mailing Address:</b>
<b>Email:</b>

#### **Complaint Information**

<b>Date:</b>
<b>Complaint / Grievance:</b>
<b>Solutions Sought by Service User or Community Member:</b> (note the solutions the complaint filer is seeking to each of the issues listed above)

**Complaint / Grievance Background:**

(brief description of client's circumstances and situation leading to complaint)

**Actions Taken**

**Step 1:**

**Date:**

**Staff Involved:**

**Notes:**

**Next Steps:**

**Step 2:**

**Date:**

**Staff Involved:**

**Notes:**

**Next Steps:**

**Step 3:**

**Date:**

**Staff Involved:**

**Notes:**

**Next Steps:**

**Step 4:**

<b>Date:</b>
<b>Staff Involved:</b>
<b>Notes:</b>
<b>Next Steps:</b>

**Outcome Resolution**

**(describe outcome of complaint and any improvements implemented as a result)**

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Staff Member's Name (Print)

Signature

Date

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Manager's Name (Print)

Signature

Date

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Director's Name (Print)

Signature

Date