

Individual Grievance Form
CE 409.1



Policy Name: Individual Grievance
Policy Policy Number: CE 409

The Individual Grievances policy outlines the process through which Vista individuals can bring concerns to upper level management. Through communication and accountability, Vista's intent is to be responsive to the served individuals, families, guardians, and surrogate decision makers in regards to programmatic concerns. Please use this form to report a standard grievance.

Individual Name: _____ Today's Date: _____

Company: The Vista School The Vista Foundation Vista Adult Services

Program and/or Location: _____

Parent or Guardian Name: _____

Date(s) and details of the incident or concern:

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Suggestions to resolve the problem:

Additional information, including parties involved:

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1. Do you allege illegal discrimination (Race, Gender, Age, Religion, etc.)?

- Yes – If yes, please complete indicate below.
- No

2. Have you already spoken with someone at Vista regarding this concern? If so, who?

- Yes – If yes, please indicate when and provide additional information below.
- No – If no, please indicate the reason below.

Name of Person Submitting Report: _____

Relationship to Individual: _____

Signature: _____ Date: _____

Please return to Vista Program Supervisor/Director Upon Completion

Program Supervisor/Director Name:

Program Supervisor/Director Signature:

Date:

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For Internal Vista Purposes Only

Step 1

Date Program Supervisor/Director Received Grievance:

Date Program Supervisor/Director met with Individual

Date Individual Informed of Individual Rights: Date

Documented in Individual Record:

Date External Agencies Notified (if applicable):

Program Supervisor/Director signature:

Step 2

Date Executive Director of Clinical Services Received

Grievance: Date Executive Director Met w/ Individual:

Date Executive Director Met w/ Staff (if applicable):

Date Documented in Individual Record:

Date Meeting Summary Provided to Individual:

Executive Director signature:

Additional notes:

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For Internal Vista Purposes Only – To Be Completed Following Resolution

Individual Name: _____ Today's Date: _____

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Program and/or Location: _____

Parent or Guardian Name: _____

Review of Grievance (include meeting days, times, attendees, and adherence to above steps and policy timeframes):

Decision and Recommendations:

Next Steps (Remediation, Accomodations, Actions):

Name of staff finalizing grievance:

Position:

Signature:

Date:

~finalized Grievance sent to Compliance Officer for filing