

EYPC Informal Appeal/Grievance Form

Client's Name: _____

Date of Incident: _____

Staff Involved: _____

Others Present: _____

Describe the incident and how your rights were violated:

What is a fair solution to the problem:

Disposition:

Date: _____ Signed: _____

Do you want to appeal this decision? YES _____ NO _____

Client Signature

Disposition:

Date: _____ Signed: _____

Governing Board Signature

Comments:
