



## Client Grievance Form

San Diego Applied Behavior Analysis ("SDABA") believes in the rights of clients to participate actively in their own plans of care, including the right to question how the care is being provided. If you are dissatisfied with a member of our staff, or decisions about services that you receive; please complete this form and submit it to the grievances and appeals coordinator at [kristian@sandiegoaba.com](mailto:kristian@sandiegoaba.com) so that issues can be resolved reasonably quickly. Complaints and grievances from clients are regarded as important, and an integral part of our performance improvement process. Attempts will be made to mutually resolve any and all grievances in a fair, open and honest fashion.

### Background Information

Date of Submission:

Full Name:

Telephone number (primary):

Telephone number (secondary):

Preferred email address:

Physical address:

Date of incident (MM-DD-YY):

Time of incident:

Location of incident:

Specific location:

### Involved Parties (Enter other persons here, such as persons whom you may consider a witness)

Name	Phone number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Alleged Incident Description

Please be clear, objective and concise

Type your description of the incident here:

Please indicate what you would consider a satisfactory outcome:

### Supporting Documentation

Please attach to this form any written and signed statements or other evidence which support your description of the alleged incident.