



## HFSA Grievance Report Form

Date Grievance Occurred: \_\_\_\_\_

Date Grievance Report Form Submitted: \_\_\_\_\_

Grievance Report Form Submitted by: \_\_\_\_\_

Grievance Filed Against: \_\_\_\_\_

Description of Incident: (attach additional page if needed)

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Board Investigation/Findings: (attach additional page if needed)

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Conclusion/Action Taken:

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