

MID-OHIO PSYCHOLOGICAL SERVICES, INC.

Date Client Grievance Filed:	
Name of Client:	
Name of Grievant:	

SUBJECT OF GRIEVANCE: (Include date, time, location, participants involved in grievance or complaint)	
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INFORMATION ABOUT GRIEVANCE: (Include client's contact with staff to resolve problem)	
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OTHER RELEVANT INFORMATION: (Date client will get a response, Contact information of agency person to contact with questions)	
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Client Signature _____ **Date** _____

Client Rights Officer _____ **Date** _____

Release of Information

I, the undersigned, hereby grant permission to _____ to release my records and permit involved individuals to release information about myself and the incident for the investigation purposes of this incident and grant permission to the Fairfield County Mental Health Board to review my records and talk with all parties involved in the incident. I hereby request that the Mental Health Board release any and all relevant information to _____ who is representing/assisting me in this grievance.

Client Signature

Signature of Client Rights Representative

