Buffalo Area Service Network (BAS-Net)
Grievance Form

Organization: _____

Date of Incident: _____

Name of Complainant: _____

Complainant Contact Information: _____

Name of Staff Person Reported To: _____

Name of BAS-Net Site Contact: _____

Name of Staff Person Writing Report: _____

Report Writer Contact Information: _____

Please detail the BAS-Net-related grievance in the space below. The report should be written in a clear, concise, and specific manner and should focus on the facts and events that occurred immediately prior to the incident, the incident itself, and the events that occurred immediately after the incident. Please include the full names of each party involved; a summary of their actions; time and location of the incident; and any other observations that may have contributed to the incident. Please use the back of this sheet or additional pages as necessary. If a resolution has been reached, include the completed form. If not resolution has been reached, please forward the blank page with your material.

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Grievance Resolution

Organization: _____

Date of Resolution: _____

Name of Complainant: _____

Complainant Contact Information: _____

Name of Staff Person Reporting Resolution: _____

Report Writer Contact Information: _____

Please detail the BAS-Net-related grievance resolution in the space below. The report should be written in a clear, concise, and specific manner and should focus on the facts and events of the resolution. Please include the full names of each party involved; a summary of their actions; time and location; and any other observations that may have contributed to the resolution. Use the back of this sheet or additional pages as necessary.

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Date Reviewed by BAS-Net Administrator: _____

Signature of BAS-Net Administrator: _____