



**Things I Must Earn, LLC GRIEVANCE SLIP**

RESIDENT NAME: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

Verbal/Date Filed \_\_\_\_\_ Written/Date Filed \_\_\_\_\_

Complaint/Grievance Received By: \_\_\_\_\_

COMPLAINT/GRIEVANCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESOLUTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the complaint/grievance with the complainant and filed all pertinent information, which has been agreed upon with the complainant.

\_\_\_\_\_  
Signature of Person Making Complaint

\_\_\_\_\_  
Grievance Date

\_\_\_\_\_  
Signature of Person Taking Complaint

\_\_\_\_\_  
Grievance Date

Distribution:            Original – Resident            Copy – Resident File