

3622 Belmont Ave Youngstown Ohio 44505

330-355-9998

thrivewarren@gmail.com

Client Issue Form

| ☐ Complaint | |
|---|-------------------------|
| □Grievance | |
| Date of occurrence: | |
| Date Incident was reported: | Reported to who: |
| Client name involved: | Employee name involved: |
| Incident: | |
| | |
| | |
| | |
| | |
| Corrective action plan with supervisor: | |
| Follow up date: | |
| Additional comments: | |
| Grievance Officer Signature: | Date: |
| Supervisor Signature: | Date: |