

**Kendal at Oberlin**  
**Grievance Report**

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Today's date: \_\_\_\_\_ Date grievance reported: \_\_\_\_\_

Name of resident or family member with complaint *(circle one)*:

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Name of staff member(s) that the grievance was reported to:

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Description of Grievance: \_\_\_\_\_

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Follow-up completed? \_\_\_\_\_ Description of Resolution: \_\_\_\_\_

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Resolved by: \_\_\_\_\_ Date resolved: \_\_\_\_\_

Return Form to Social Services or the Chief Health Services Officer