



**AGENCY COMPLAINT AND GRIEVANCE QUARTERLY SUMMARY**

Instructions: Complete by the 15<sup>th</sup> day of the month following each quarter and fax or mail to MHR SB Program Coordinator, 800 Market Avenue North, Suite 1150, Canton, Ohio 44702, (330) 455-7424

1. Agency: \_\_\_\_\_

2. Date: \_\_\_\_\_

3. Submitted by: \_\_\_\_\_

4. Report for FY \_\_\_\_\_

Quarter     1 (Jul 1–Sept 30)         2 (Oct 1–Dec 31)         3 (Jan 1–Mar 31)         4 (Apr 1- Jun 30)

5. Procedure Followed*	Total
Complaint	_____
Grievance	_____
Grievance referred to a higher level for dispute resolution	_____
Other	_____
6. Complainant/Grievant	
Advocate	_____
Consumer	_____
Family	_____
Friend	_____
Staff	_____
Other	_____

\*Attach Agency Complaint and Grievance Individual Reporting Form(s) if applicable