

STATE OF NEW HAMPSHIRE Department of Health and Human Services Division for Children, Youth and Families Sununu Youth Services Center

Form 2106 November 2003

OMBUDSMAN GRIEVANCE FORM

If possible this complaint will remain confidential. However, that may not be possible if the Ombudsman is to do a thorough investigation.

Name:		 Unit:	
Complaint: (describe what happened)			
Was there an injury?	Yes	No 🗌	
Did the nurse see you?	Yes	No	
Have you talked to a counselor/house leader?	Yes	No 🗌	
If not, what was the reason you chose not to?			
If so, what was the outcome?			
if so, what was the outcome.			
Who else saw or has direct knowledge of the event?			
What would you like done?			

Staff Comments:		
Date Responded to Resident:		
Ombudsman Comments:		
Signature		Date
Signature		
	Was grievance resolved?	Yes No