



## ATR Grievance Form

**COMPLETE ALL SECTIONS OF THIS FORM AND SUBMIT VIA EMAIL OR MAIL TO:**

Brita Loftus, ATR Project Director  
Email: [ATR@ahpnet.com](mailto:ATR@ahpnet.com)  
OR  
Mail: Advocates for Human Potential  
Attn: Brita Loftus  
490-B Boston Post Road  
Sudbury, MA 01776

1. **Participant name:** \_\_\_\_\_
2. **Participant phone:** \_\_\_\_\_
3. **Participant email address:** \_\_\_\_\_
4. **Name of provider:** \_\_\_\_\_
5. **Date, time, and location of the event:** \_\_\_\_\_  
\_\_\_\_\_
6. **Persons involved:** \_\_\_\_\_
7. **Witnesses (if applicable):** \_\_\_\_\_
8. **Full description of the grievance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. **List any policies, procedures or guidelines you believe were violated:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. **How did the ATR provider manage and resolve your grievance: (\*\*please include with this form, any documentation from the internal compliant/grievance you filed with the provider):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. **What is your desired outcome for this grievance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



<b>PARTICIPANT SIGNATURE</b> (electronic signature is appropriate)	<b>DATE</b>

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*For Internal Use Only*

<b>RECEIVED BY</b>	<b>DATE</b>
<b>Follow up action taken</b>	<b>DATE</b>
<b>Decision reached</b>	<b>DATE</b>
<b>Participant notified of decision</b>	<b>DATE</b>