



Grievance Form

Date:

Name:

(Or Anonymous)

Are you a client or do you have a relationship to the client?

Clinic Location: (circle one)

Woodbury

Anna Westin House

Duluth

South Sound

St Louis Park

Toogood

Seattle- OP

Cleveland- Residential

Como

AWH- Adolescent / Young
Adult

Seattle- Residential

Cleveland - OP

Spokane

Pittsburgh

Summary of grievance:

How to submit:

- Please mail this completed form to:

The Emily Program
c/o Compliance Department
1295 Bandana Square Blvd. W Suite 210
St Paul, MN 55108

- Drop off at any Emily Program front desk location

Questions:

Please contact The Emily Program's Privacy Line at (651) 379-6121