# Ascension Living HOPE

**2622 W. Central Ave., Suite 101**
**Wichita, KS 67203**
**Phone: (316) 858-1111 Fax: (316) 946-5142**


## GRIEVANCE FORM

_____ _____
**Participant/Representative Name** **Date**

_____
**Name of staff member grievance was reported to**

**Nature of Grievance:** _____

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***Submit to Director of Social Work or designee same day of reported grievance**