

HIAWATHA HOMECARE

GRIEVANCE REPORT

The purpose of this form is to provide a mechanism to encourage reporting of any action or suspected action taken within Hiawatha HomeCare that is illegal, fraudulent, and unethical or in violation of any adopted policy of the company. Anyone reporting a violation must act in good faith, without malice to Hiawatha HomeCare or any individual, and have reasonable grounds for believing that a violation occurred.

NO ONE WHO IN GOOD FAITH MAKES A REPORT SHALL SUFFER RETALIATION.

Complaints and their investigation will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation, to comply with all applicable laws, and to cooperate with law enforcement authorities.

You **are not required** to provide your name and may retain anonymity. If you choose to provide your name, it will remain confidential whenever possible. Anyone filing an anonymous report will not be updated as to the progress of the investigation. Making a complaint does not automatically shield you from consequences of your own involvement in unlawful or improper conduct.

Please provide as much detail as possible to enable a thorough investigation of the matter.

What happened? Who was involved? What date did the event occur? Where did the event occur? If you need more space, please attach additional pages. Please make a note if additional papers are attached.

Multiple horizontal lines for text entry.

OPTIONAL:

Name: _____ (Please Print)

Employee Signature: _____ Date: _____