



---

**GBH Client Grievance Form**

If you believe your rights have been violated, you have concerns regarding services received, staff conduct, confidentiality, discrimination, quality of care, or any other matter related to services provided by GBH, you may complete this form. It is against the law and GBH policy for any person to be retaliated against for filing a grievance. You may submit a grievance at any time. You can expect acknowledgment of your grievance within one (1) business day and a response within thirty (30) calendar days.

**Grievances must be submitted in writing to:**

GBH Compliance Officer, Alissa Gino  
PO Box 25972  
Honolulu, HI 96825

**Grievance Details:**

Date of occurrence: \_\_\_\_\_  
Individual who you believe violated your privacy rights: \_\_\_\_\_

**Brief description of what happened (continue on back if needed):**

---

---

---

---

---

---

---

---

---

---



---

**GBH Client Grievance Form**

Best way to contact you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

*All grievances will be handled in a confidential manner to the extent permitted by law. Filing a grievance will not affect your ability to receive services from GBH.*

***For GBH Use Only***

*Date Received:* \_\_\_\_\_

*Received By:* \_\_\_\_\_

*Assigned To:* \_\_\_\_\_

*Date Acknowledged:* \_\_\_\_\_

*Date Resolved:* \_\_\_\_\_

*Resolution Summary:*

---

---

---