

HEALTH & COUNSELING SERVICES COUNSELING CLINIC



EASTERN ILLINOIS UNIVERSITY™

Client Grievance Form

At our Counseling Clinic, we are committed to supporting the well-being of our students and addressing any concerns that may arise during your counseling experience. We take all complaints seriously and aim to resolve issues in a way that promotes a positive and supportive environment.

If you have any concerns or issues, we strongly encourage you to first discuss them directly with your counselor. Often, concerns can be addressed informally through open communication. If the issue remains unresolved or you feel uncomfortable doing so, please feel free to reach out to the Associate Director to discuss the matter further.

If you prefer to file a formal grievance, you have the right to do so by completing this form. This allows us to ensure your concerns are heard and properly addressed. After receiving the grievance, the Associate Director shall respond within 5 working days of the date the complaint was signed and filed. If the student is not satisfied with the outcome, the student is directed to the next higher level of administration, the Executive Director.

Grievance Information (student completes)

Name:

Date of Birth:

E#

Contact Information:

Phone:

Email:

Name(s) of Counseling Staff(s) Involved:

Description of Incident: Please describe the issue or concern you are experiencing (Please use additional sheet if necessary)

Have you attempted to address this issue directly with the involved staff member(s)?

☐ Yes

☐ No

If yes, please briefly describe the outcome of those discussions:

Signature: _____

Date: _____

Clinic Administration Use Only

Grievance Received By:

Date Received:

Action Taken / Follow-Up Steps:

Date of Follow-Up with Client:

Outcome:

Staff Signature (if necessary): _____

Date: _____

Associate Director Signature: _____

Date: _____