

Agape Manor Home



Child Placing Agency

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## CHILD GRIEVANCE FORM

**Child Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Please state the incident:** \_\_\_\_\_

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**Parents /Staff Involved:** \_\_\_\_\_

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**Witnesses:** \_\_\_\_\_

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\_\_\_\_\_  
**Signature** **Date**

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**Investigation Results/Response:** \_\_\_\_\_

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