

# NWF Health Network

## COMPLAINT RESOLUTION APPEAL FORM WRITTEN STATEMENT

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

## SUMMARY OF ATTEMPTS TO RESOLVE THE PROBLEM

Please indicate when you first discussed this with your supervisor: (Date, Time & Place)

\_\_\_\_\_

Please briefly summarize your supervisor's response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly summarize why you disagree with this response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

Please attach a copy of BBCBC Form 1100-1102 x1 Initial Complaint Resolution Form to this form.

# NWF Health Network

**FOR ADMINISTRATION USE ONLY  
SUMMARY OF RESPONSES FOR EACH LEVEL OF APPEAL**

**I. Supervisor's Response (if applicable)**

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**II. Chief Executive Officer's Response (if applicable)**

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**III. Final Decision**

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**Approved by:**

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Acknowledgement:**

I acknowledge that I have been notified of the final decision.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature