



Youth Consultation Service, Inc.
HMS Bill of Rights and Grievance Policy
Acknowledgement

Submit Approval To:

Event: HMS Bill of Rights and Grievance Policy (YCS)

Date Form Completed:

Staff:

HMS Rights and Grievance:

Acknowledgement:

I have received a copy of the YCS Helen May Strauss Clinic Bill of Rights and Grievance Policy. I have read, understand, and agree to these policies and have had the opportunity to ask questions regarding these policies. I understand that I may contact the Program Administrator for questions regarding these policies.

Scanned Documents

Scanned Document: No document attached

Signatures

Client Print Name:

Client Signature:

Parent/Guardian Print Name:

Relationship to Client:

Parent/Guardian Signature:

YCS Staff Witness Print Name:

YCS Staff Witness Signature:

Tasks/Schedules

Next Event Due:

Next Scheduled Event

Event:

Table with 6 columns: Last Name, First Name, Event, Due Date/Time, Scheduled Date/Time, Staff. Row 1: Not on File...