



**End-Stage Renal Disease  
Network Program**

Exhibit J.7-4A: Grievance QIA Template

Month: \_\_\_\_\_  
Year: \_\_\_\_\_

Acknowledgement Letter Provided?  
Yes  No  Date: \_\_\_\_\_  
Outcome Letter Provided?  
Yes  No  Date: \_\_\_\_\_

**Grievance Log**

**Date Grievance Filed:** \_\_\_\_\_

**Grievance entered by (Staff person):** \_\_\_\_\_

**Reported to Facility Administrator/Clinic Manager?** Yes  No  FA/CM Initials: \_\_\_\_\_

**Name of Grievant:** \_\_\_\_\_

**Description of Grievance:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions/Steps Taken:**

Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Actions/Steps completed by (Staff person): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resolution:**

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

**Was the grievant provided a verbal explanation of the above resolution?**

Yes  No  Date: \_\_\_\_\_

**Was the Grievance escalated?**

If so to whom: \_\_\_\_\_

\*Please attach any documentation regarding the escalation of the grievance.