OKLAHOMA State Department of Health

Local Grievance Coordinator (LGC) Worksheet

First level

Reference number: _____

Due date for response	Respondent (person responsible to resolve)	Title

Summary of grievance (attach extra sheets as needed):

Signature of LGC | Date

Proposed resolution (attach extra sheets as needed):

Target date | Signature of respondent | Date

Title | Phone number

Accepted by client/grievant: ☐ Yes ☐ No If no, explain (use extra sheets as needed):

Signature of LGC | Date

Second level

Due date for response	Respondent	Title

Summary of grievance (attach extra sheets as needed):

Proposed resolution (attached extra sheets as needed):

Target date | Signature of respondent | Date

Title | Phone number

Accepted by client/grievant: ☐ Yes ☐ No If no, explain (use added sheets as needed):

Signature of LGC | Date