



San Gabriel / Pomona
Regional Center

**CLIENT RIGHTS, HOUSE RULES,
GRIEVANCE PROCEDURE DOCUMENTATION**

FACILITY NAME: _____

CLIENT NAME: _____

I, _____, have read and understand to the best of my ability the Client's Rights Statements, House Values and Facility's Grievance Procedure.

The Client's Rights Statements, House Values and Facility's Grievance Procedure have been read and explained to me to the best of my ability.

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____