Grievance Form

Participant: _____

Last First Middle

Grievance process initiated on (date): _____

☐ Participant has been informed of their right to request assistance in completing the Grievance Form and has received written information on the grievance process.

Name of Person Filing Complaint _____
(If a participant is not filing the complaint, please identify who is filing the complaint.)

Person assisting participant to file this grievance:

_____
(staff member, participant, and participant's representative)

Reason for Grievance:

☐ Dissatisfaction regarding quality of Medical Care
☐ Dissatisfaction with services provided by Contracted Specialist/Facility
☐ Dissatisfaction with PACE Services (Dietary, Transportation, Communication, Activities)
☐ Dissatisfaction with services that involves an imminent and serious threat to the health of the participant or violation of Participant Rights (expedited review process)
☐ Other _____

Provide a summary of the grievance:

Include the date of the event and a brief description of the grievance. If you require more space, attach additional written documentation.

Participant/Representative Signature

Date

Signature & title of person completing the Grievance Form

Date

Resolution of Grievance

Actions Taken to Resolve Grievance:

Staff (Names and Titles) Involved with Grievance Resolution:

Outcome of Grievance:

Date of Resolution: _____ Date Participant Informed of Decision: _____

Requested Resolved Letter: Yes/No Date Mailed to Participant/Caregiver: _____

_____ _____

Compliance & Quality Improvement Coordinator Signature Date