



Choose an item.  
Choose an item.  
Choose an item.  
Choose an item.

## GRIEVANCE REPORT

**Date:** Click or tap to enter a date.

**Participant's name:** Name of participant

### 1. Individual filing the grievance:

- Participant (not required)
- Choose an item. staff on behalf of participant
- Family member or participant's representative (please complete section 2)

### 2. Name and contact information: (if other than participant or staff)

**Name/Relationship to Participant:** Name of representative

**Address:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Please provide a complete description about your grievance: What happened? Who was involved? What date did the event occur? Where did the event occur? If you need more space, please attach additional pages.**

Check box if additional pages are attached .

Click or tap here to enter text.

**Name:** Name of representative **Date:** Click or tap to enter a date.

**Signature of Person Reporting Grievance:**

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***I, Name , offered the participant the option of filing a grievance, but the participant declined.***

***Please note: Participants are not required to sign or initial this form.***

*I have been advised of my right to ask for help in filing my grievance. I have received written information about the grievance process. \_\_\_\_\_ (please initial if correct).*

*I have designated the above person to act as my representative and to assist me in this grievance process. \_\_\_\_\_ (if applicable, participant initials).*

I was offered to file a grievance and I declined to file on at this time.  
\_\_\_\_\_ (please initial if correct)

If applicable, please indicate the **Choose an item.** staff assisting to complete this form: \_\_\_\_\_

**When completed, please give this report to your Social Worker or any other member of your **Choose an item.** care team OR mail to:**

**Choose an item.**

Quality Improvement Department

**Choose an item.**

**Choose an item.**

*For Internal Staff Use Only*

**Date Report Received by QI:** [Click or tap to enter a date.](#)

Quality Improvement (QI) Department notified of the grievance or declination by e-mail: Date: [Click or tap to enter a date.](#)

Report received by the QI Department: Date: [Click or tap to enter a date.](#)

QI Staff documented receipt of grievance or declination into Grievance Log: Date: [Click or tap to enter a date.](#)

QI Staff telephoned acknowledgement of grievance receipt to Participant (within 5 days):

Date: [Click or tap to enter a date.](#) Time: [Click/tap to enter Time.](#)

QI Staff sent a written acknowledgment to participant (within 5 days): Date Sent: [Click or tap to enter a date.](#)

Medical Director is notified of the grievance concerning medical care or urgent grievance:

Date: [Click or tap to enter a date.](#)

Director responsible for services or operations is notified of the grievance.

Date: [Click or tap to enter a date.](#)

**Thirty calendar days from the day the grievance was received, either:**

The grievance has been resolved. The QI Coordinator has sent the participant a report describing the problem's resolution, the basis for the resolution, and the review process if dissatisfaction continues. Date Sent: [Click or tap to enter a date.](#)  
OR

The grievance is pending. The QI Staff sent a report with a brief explanation of the reasons for the delay to the Participant and/or his/her representative. Date Sent: [Click or tap to enter a date.](#)

**Expedited Review: If the grievance involves an imminent and serious threat to the health of the participant**

The participant and/or representative are immediately notified by telephone of the receipt of the request for an expedited review. Date: [Click or tap to enter a date.](#)  
Time: [Click or tap to enter a date.](#)

The participant and/or representative are notified of their right to notify CMS and DHCS of the grievance.

No later than 3 days from receipt of the grievance, a written statement of the final disposition or pending status of the grievance is sent to the Participant and/or representative, CMS and DHCS.

**Comments:**

[Click or tap here to enter text.](#)

