



Sequoia PACE
1649 Van Ness Ave
Fresno, CA 93721
(800) 637-3187

GRIEVANCE REPORT

Date:

Participant's name:

1. Individual filing the grievance:

- Participant **(not required)**
- Sequoia PACE 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:

Address:

Telephone:

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 .

Name:

Date:

Signature of Person Reporting Grievance:

I, _____, 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 Sequoia PACE staff assisting to complete this form: _____

When completed, please give this report to your Social Worker or any other member of your Sequoia PACE care team OR mail to:

Sequoia PACE
Quality Improvement Department
1649 Van Ness Ave
Fresno, CA 93721

For Internal Staff Use Only

Date Report Received by QI:

- Quality Improvement (QI) Department notified of the grievance or declination by e-mail:
Date:
- Report received by the QI Department: Date:
- QI Staff documented receipt of grievance or declination into Grievance Log:
Date:
- QI Staff telephoned acknowledgment of grievance receipt to Participant (within 5 days):
Date: Time:
- QI Staff sent a written acknowledgment to participant (within 5 days):
Date Sent:
- Medical Director is notified of the grievance concerning medical care or urgent grievance:
Date: .
- Director responsible for services or operations is notified of the grievance.
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:
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:

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:
Time:
- 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:

