



Coastline PACE
1220 E 4th Street Ave
Long Beach, CA 90802
(800) 734-8041

GRIEVANCE REPORT

Date:

Participant's name:

1. Individual filing the grievance:

- Participant **(not required)**
- Coastline 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 Coastline PACE staff assisting to complete this form: _____

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

Coastline PACE
Quality Improvement Department
1220 E 4th Street
Long Beach, CA 90802

