



Pacific PACE  
150 Alessandro Place, Suite A20  
Pasadena, CA 91105  
(800) 851-0966

**GRIEVANCE REPORT**

**Date:**

**Participant's name:**

**1. Individual filing the grievance:**

- Participant **(not required)**
- Pacific 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 Pacific PACE staff assisting to complete this form: \_\_\_\_\_*

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

Pacific PACE  
Quality Improvement Department  
50 Alessandro Place, Suite A20  
Pasadena, CA 91105



