



Sierra PACE  
582 E Harding Way  
Stockton, CA 95204  
(209) 442-6077

## GRIEVANCE REPORT

**Date:**

**Participant's name:**

**1. Individual filing the grievance:**

- Participant **(not required)**
- Sierra 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 Sierra 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:**

Sierra PACE  
Quality Improvement Department  
582 E Harding Way  
Stockton, CA 95204

*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:**

