





## **GRIEVANCE RECEIVED**

GRIEVANCE RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE GRIEVANCE FORM FORWARDED TO QA MANAGER: \_\_\_\_\_

## **GRIEVANCE RESPONSE**

DATE RECEIVED BY GRIEVANCE COMMITTEE: \_\_\_\_\_

DESCRIBE ACTION TAKEN: (USE ADDITIONAL PAGES IF NEEDED)

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QA PROVIDING WRITTEN RESPONSE AS PER GRIEVANCE COMMITTEE DIRECTION:

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NAME : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE RESPONSE PROVIDED: \_\_\_\_\_

PLEASE NOTE: Shall the client or their representative who lodged the above-stated grievance be unsatisfied with the resolution of their grievance they may send a written letter to the state survey agency that they obtained care in for which we will provide the address and telephone number.