

Grievance Policy Concern Form



January 1, 2024

This form is to be used on behalf of clients and Service Providers to submit grievances regarding the level of service quality, violation of program policies, or breaches of confidentiality.

Please complete the following information:

Your Name _____ Today's Date _____
Your Care Site _____
Grievance Liaison _____ Date of Incident _____

Briefly describe the incident or concern:

Briefly describe your expected resolution to this problem or concern:

Sign your name _____

Your signature here provides consent for release of information regarding this grievance to IDOH and other appropriate parties.

Liaison Signature _____

The signature of Grievance Liaison

Step 1	Initial Date: _____		
Result	Description of proposed resolution _____		
Client is satisfied with resolution		Client is dissatisfied with resolution	
_____	Date	_____	Date
Satisfied client signature		Dissatisfied client signature	

Step 2	Date this form provided to Liaison _____	Date of meeting: _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution		Client is dissatisfied with resolution
_____	Date	_____
Satisfied client signature		Dissatisfied client signature

Step 3	Date this form provided to grievance committee or management _____	Date of meeting with client _____
	Date of committee decision to liaison _____	Date of meeting with client _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution		Client is dissatisfied with resolution
_____	Date	_____
Satisfied client signature		Dissatisfied client signature

Step 4	Date this form provided to board of directors _____	Date of meeting with client _____
	Date of board decision to liaison _____	Date of meeting with client _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution		Client is dissatisfied with resolution
_____	Date	_____
Satisfied client signature		Dissatisfied client signature

Step 5	Date mailed to IDOH _____	Date received by IDOH _____	Date of IDOH decision _____
Result	See attached directive _____		
Agency has received this decision		Client has received this decision	
_____	Date	_____	Date
Liaison signature		Client signature	