

Grievance Reporting Form

Definition: A grievance is a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished.

Process: After a grievance is filed, the Ascension Living PACE Michigan Quality Director will seek to resolve the grievance as soon as possible, but no later than thirty (30) days after the grievance was received. You will be notified orally and/or in writing of the team’s resolution. Any participant/caregiver who is dissatisfied with the outcome of the grievance resolution proposed can contact the Ascension Living PACE Michigan Director of Quality within thirty (30) days of the resolution. You will continue to receive PACE care, support, and services through the entire grievance process.

Directions: Record grievance information on this form and offer a copy to the individual filing the grievance. Original Grievance form is then given to the Director of Quality.

Participant Name: _____ Date Received: _____
Complainant Name: _____ Relationship to ppt: _____
Phone Number: _____

Type of Grievance: (Please check only one; if more than one apply please fill out another form): Home Care Courtesy Personal Property Transportation
Communication Food Medical Care (providers and nursing) Contract Services
Medications Other:

Details of Grievance: (Dates, Verbatim Comments, Objective Facts and Details)

Formal Grievance Yes No

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Steps Taken to Resolve Grievance:

Resolution:

Received Grievance Letter: _____

Date of Verbal Notification of Resolution: _____

Date Notification Letter Sent: _____

Resolution Acceptable/Agreeable to Complainant? Yes No

Did Complainant Give Any Input to Resolution? Yes No

If Yes, Explain:

Additional Notes:

Signature: _____

Date: _____