



## GRIEVANCE FORM

**Describe** the nature of complaint or concerns for all types of complaints. Please describe the problem with names, dates, and location. List any facts to support the complaint. Attach a separate sheet of paper if additional space is necessary.

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**What was the outcome when you spoke to the program staff about your concerns/complaint?**

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**If you have not spoken to the program staff about your concerns/complaint, what is the reason?**

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**What would you like to see happen to make the situation better?** Attach a separate sheet of paper if additional space is necessary.

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\_\_\_\_\_  
Name of Patient or Representative submitting form

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

**\*FOR OFFICE USE ONLY\***

Received by: LLC Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_