

## Concern Form

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*

<b>THIS PAGE – Agency Use Only</b>		Designated liaison for this grievance	
<p><b>Step 2</b> Initial Date : _____</p> <p><b>Result</b> Description of proposed resolution _____</p>			
<p><b>Client is satisfied with resolution</b> <input type="checkbox"/></p>		<p><b>Client is dissatisfied with resolution</b> <input type="checkbox"/></p>	
Satisfied client signature	Date	Dissatisfied client signature	Date
<p><b>Step 3</b> Date this form provided to Liaison _____ Date of meeting: _____</p> <p><b>Result</b> Description of proposed resolution _____</p>			
<p><b>Client is satisfied with resolution</b> <input type="checkbox"/></p>		<p><b>Client is dissatisfied with resolution</b> <input type="checkbox"/></p>	
Satisfied client signature	Date	Dissatisfied client signature	Date
<p><b>Step 4</b> Date this form provided to grievance committee or management _____ Date of meeting with client _____</p> <p>Date of committee decision to liaison _____ Date of meeting with client _____</p> <p><b>Result</b> Description of proposed resolution _____</p>			
<p><b>Client is satisfied with resolution</b> <input type="checkbox"/></p>		<p><b>Client is dissatisfied with resolution</b> <input type="checkbox"/></p>	
Satisfied client signature	Date	Dissatisfied client signature	Date
<p><b>Step 5</b> Date this form provided to board of directors _____ Date of meeting with client _____</p> <p>Date of board decision to liaison _____ Date of meeting with client _____</p> <p><b>Result</b> Description of proposed resolution _____</p>			
<p><b>Client is satisfied with resolution</b> <input type="checkbox"/></p>		<p><b>Client is dissatisfied with resolution</b> <input type="checkbox"/></p>	
Satisfied client signature	Date	Dissatisfied client signature	Date
<p><b>Step 6</b> Date mailed to IDOH _____ Date received by IDOH _____ Date of IDOH decision _____</p> <p><b>Result</b> See attached directive _____</p>			
<p><b>Agency has received this decision</b> <input type="checkbox"/></p>		<p><b>Client has received this decision</b> <input type="checkbox"/></p>	
Liaison signature	Date	Client signature	Date