

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

THIS PAGE – Agency Use Only	Designated liaison for this grievance	
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Step 2	Initial Date : _____
Result	Description of proposed resolution _____
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>	
Satisfied client signature _____	Date _____
Dissatisfied client signature _____	Date _____

Step 3	Date this form provided to Liaison _____	Date of meeting: _____
Result	Description of proposed resolution _____	
Client is satisfied with resolution <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____	Date _____	
Dissatisfied client signature _____	Date _____	

Step 4	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 <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____	Date _____	
Dissatisfied client signature _____	Date _____	

Step 5	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 <input type="checkbox"/> Client is dissatisfied with resolution <input type="checkbox"/>		
Satisfied client signature _____	Date _____	
Dissatisfied client signature _____	Date _____	

Step 6	Date mailed to IDOH _____	Date received by IDOH _____	Date of IDOH decision _____
Result	See attached directive _____		
Agency has received this decision <input type="checkbox"/> Client has received this decision <input type="checkbox"/>			
Liaison signature _____	Date _____	Client signature _____	Date _____