

Grievance**1.10**

ALL HEART & SOUL

SUPPORT COORDINATION AND CONSULTATION

Grievance Form

We are eager to hear what you have to say- please complete this form and send to msoules@allheartandsoul.com

Part 1: The client should write their complaint in their own words.

Client Complaint: (attach sheets as necessary)

Support Coordinator Response:

Agreement: Yes No (does the patient agree with the Support Coordinator?)

Resolution: Yes No (circle one). If no, continue to Part 2

Signature of Client _____ Date: _____
 Signature of Support Coordinator _____ Date: _____

Part 2: If the complaint was not resolved, this section of the Grievance is completed. The Support Coordinator Supervisor/Managing Partner will contact the client within 3 days of receiving the Grievance to discuss and come to agreement.

Support Coordinator Supervisor/Owner Response: (attach sheets as necessary)

Client Response:

Agreement: Yes No (does the patient agree with the Support Coordinator Supervisor)

All Heart and Soul, LLC

4

Grievance

1.10

Resolution: Yes No (circle one). If no, the Client has the right to

Signature of Client _____

Support Coordinator

Supervisor _____

Date

Date