

PSYCHAMERICA BEHAVIORAL SERVICES LLC

GRIEVANCE FORM

**You may complete this form and mail to:
PO BOX 780104, Orlando, FL 32878
Attn: Quality Assurance Director
or e-mail/call us at MelissaN@bigbearcounseling.org or at 407-636-3530.**

Our Quality Assurance Director will review each grievance received and will decide on a case by case course of action depending on the grievance's requests/allegations. You will be notified in writing within 30 days of the outcome.

Date _____

Client's Name _____

Staff (if applicable): _____

Your Name _____

Relation to Client: _____

Describe the Problem:

What would be your desired resolution?

Signature: _____

Date: _____

PSYCHAMERICA STAFF ONLY - OUTCOME/RESOLUTION

Date of Follow up with reporting person: _____

Check if Grievance filed by phone call: _____

Summary of discussion: _____

Action Taken by Management: _____

Further Action Required? Yes No Refer to: _____

Staff Signature & Title

Date