Client Grievance / Complaint Form

Reliant Workforce Solutions dba Reliant Home Care
(In partnership with Care Staff LLC)

This form allows clients, family members, or representatives to report concerns, complaints, or grievances without fear of retaliation. Grievances may be submitted verbally or in writing. Use of this form is optional but encouraged.

Client Information

- Client Name: _____
- Client ID (if applicable): _____
- Address: _____
- Phone Number: _____

☐ Client ☐ Family Member ☐ Legal Representative ☐ Other: _____

Name of Person Submitting (if not client): _____

Grievance Details

- Date of Incident/Concern: _____
- Time (if known): _____
- Location (home, facility, other): _____

Type of Concern (check all that apply): ☐ Quality of Care
☐ Staff Conduct
☐ Abuse / Neglect / Exploitation Concern
☐ Client Rights Violation
☐ Scheduling / Attendance
☐ Billing / Financial Concern
☐ Privacy / Confidentiality
☐ Other: _____

Description of Grievance (facts only, please):

_____
_____
_____

Immediate Action Taken (if any)

_____

_____

Desired Outcome (optional)

_____

_____

Client Rights Statement

You have the right to: - File a grievance without retaliation - Receive a timely response - Contact external agencies if you are not satisfied with the resolution

Agency Use Only

- Date Received: _____
- Received By: _____
- Investigation Initiated: ☐ Yes ☐ No
- Administrator Assigned: _____

Findings / Resolution:

_____
_____

Corrective Action Taken (if applicable):

_____

- Date Client Notified of Outcome: _____
- Method of Notification: ☐ Phone ☐ Written ☐ In Person

External Reporting (if applicable)

☐ Adult Protective Services (APS)
☐ CHFS / PSA Oversight
☐ Law Enforcement

Dates / Reference Numbers: _____

Administrator Signature: _____ **Date:** _____

Notice to Clients

If you believe your grievance has not been adequately addressed, you may contact: - **Kentucky Cabinet for Health and Family Services (CHFS)** - **Adult Protective Services (APS)** (for abuse, neglect, or exploitation concerns)

This Agency strictly prohibits retaliation for filing a grievance.

Effective Date: _____ **Review Date:** _____