



**Orangeburg Senior  
Helping Center**  
A PACE Healthcare Program

## We Are Listening!

We understand that sometimes there are things that may be a problem or concern to you and we want you to tell us about it. We will be sure to get back to you on how we plan to fix your concern. A grievance is a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished.

Participant Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

Complainant: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Provide a summary of the Grievance:**

(Include the date of the event and a brief description of the grievance. Use back of page if necessary.)

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Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:** Complete Form \_\_\_ Submit to Center Director \_\_\_ Give Copy to Participant \_\_\_

**Explanation of Process:**

You may file a grievance at any time, either verbally or in writing. Submit the completed form by Fax to 803-268-5302 or mail to the address below. If you have a grievance during or after hours, you may call 803-268-5300. TTY users should call 866-884-9856. If you prefer to fax the form, send to 803-268-5302. If you prefer to mail the grievance form, mail to:

**Orangeburg Senior Helping Center  
153 Founders Court  
Orangeburg, SC 29118**

Once you or your representative has filed a grievance, we will place your grievance in our grievance log at the Orangeburg Senior Helping Center. You will be notified in writing within five (5) business days that we received your grievance.

