LRC PATIENT GRIEVANCE FORM
(4/2010)

Name: ____ Living Unit:____________________________

Date of Alleged Violation (Optional): ______________________________

Other Person(s) Involved: ☐ Yes ☐ No

Name of Other Person(s) Involved: ____

Please describe your grievance:

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(This page is for use by Patients Rights Coordinator Only)

Date Complaint Received: ______________________________________

Grievance alleges which one or more of the following:

- restriction of your rights
- evaluation and treatment
- informed consent and/or participation in your treatment plan
- refusal of treatment/research
- personal privacy
- access to mail, phone, or visitors
- religious worship
- personal property/belongings
- labor and/or finances
- access to the grievance procedure
- access to forms of media
- access to and/or confidentiality of records
- involve something other than a patient rights issue? (For example: environmental, food, laundry, medications, staff, unfair treatment, inconsistent rules, diagnosis related, property damage or loss)
- safe environment
- No rights were violated

Does this grievance involve abuse/neglect ? ☐ Yes ☐ No IF YES, do not proceed with Grievance procedure—follow the **Abuse/Neglect reporting process and attach this to the Abuse/Neglect Form.**

Name of Compliance Specialist this was given to: ____

Date and time it was given: _________________________________

The grievance is resolved as follows:

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Signature of Program Director or Designee: ________________________________

Date: _____________

I wish to withdraw the grievance.	☐ Yes	☐ No
I agree with the resolution.	☐ Yes	☐ No
I disagree with the resolution, but choose not to appeal.	☐ Yes	☐ No
I wish to appeal the resolution to the CEO.	☐ Yes	☐ No

Reason for appeal (please be specific):

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Signature of Grievant: ___________________________ Date: ______________

Upon completion this form should be immediately forwarded to the Patient's Rights Coordinator.

If the patient/family is not satisfied with the resolution, he/she may re-submit the grievance as an appeal to the CEO. The CEO or his/her designee, shall conduct a review of the action grieved, prepare a written report containing the results of the review and proposed resolution, and provide a written response to the grievant within 14 days of receipt of the appeal. This time period may be extended by the CEO when additional time is necessary for adequate investigation.

A patient who wishes to appeal the action taken by the CEO shall do so to the Director of the Division of Behavioral Health, Department of Health and Human Services. The appeal may include any additional information as deemed necessary by the patient.