

I wish to withdraw the grievance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree with the resolution.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I disagree with the resolution, but choose not to appeal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I wish to appeal the resolution to the CEO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for appeal (please be specific):		

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.