

# Complete Senior Care Grievance (Complaint) Form

Participant's Name \_\_\_\_\_ MR# \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Place of issue \_\_\_\_\_

Name of Person filing the Grievance, address and phone, if different, phone, and relationship to participant.

\_\_\_\_\_

Detailed description of grievance, including names of persons involved: (Use 5 W's)-  
Who...What...Where...When...Why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Informal Complaint** with Immediate resolution action taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the Participant/ Complainant express satisfaction with the immediate resolution? \_\_\_ Yes \_\_\_ No

**Formal Complaint/ Grievance:**

**If an immediate resolution to your complaint is not possible, CSC will investigate your concern and respond back to you in writing within 30 days. Please refer to the attached fact sheet concerning the complaint (grievance) process and/or your CSC Enrollment Agreement. If you have any questions about the process, speak to any CSC staff person.**

**Check all that apply:**

\_\_\_\_\_ Participant would like to express Informal Complaint only. Document and forward to QA.

\_\_\_\_\_ Participant would like to file a Formal Complaint/Grievance

**Provide the two documents listed below.**

\_\_\_\_\_ 1. A written copy of the Grievance Process fact sheet is provided and reviewed with Participant. (RTS Form #5)

\_\_\_\_\_ 2. Copy of the front of this form provided to the Participant/ Complainant.

Your grievance requires **further investigation**. Beverly Callen, MSN, RN is assigned to assure your complaint is resolved. She can be contacted at 1302 Main Street, Niagara Falls, NY, 14301, Phone (716) 285-8248 at extension 108 or Fax (716) 285-8284.

Signature Employee Preparing Report \_\_\_\_\_ Date: \_\_\_\_\_