

## Grievance Report Form

<b>Participant Name</b> <i>(Last Name, First):</i> _____	
<b>Date:</b> _____	<b>Member ID:</b> _____
<b>Individual filing the grievance:</b> <input type="checkbox"/> Participant <input type="checkbox"/> IIH staff on behalf of participant <input type="checkbox"/> Contracted Provider <input type="checkbox"/> Participant's Representative* <input type="checkbox"/> Other* <i>*fill out contact information</i>	<b>Contact Information:</b> <i>(complete only if non-participant):</i>  <b>Name:</b> _____  <b>Relationship:</b> _____  <b>Phone:</b> _____  <b>Address:</b> _____ <i>*Electronically available upon request</i>
<b>Name/Job Title of IIH Staff receiving the grievance:</b>	
<b>Department:</b>	

**Type of Grievance** *(Choose all that apply)*

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Activities            | <input type="checkbox"/> Enrollment   | <input type="checkbox"/> Transportation        |
| <input type="checkbox"/> Communication         | <input type="checkbox"/> Home Care    | <input type="checkbox"/> Disenrollment         |
| <input type="checkbox"/> Contracted Facility   | <input type="checkbox"/> Marketing    | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Contracted Specialist | <input type="checkbox"/> Medical Care |  |
| <input type="checkbox"/> Dietary               | <input type="checkbox"/> Medication   |  |
| <input type="checkbox"/> PACE Services         | <input type="checkbox"/> Supplies     |  |

**Please provide a complete description about your grievance below.**

**Date(s) Occurred:** \_\_\_\_\_

**Location(s) Occurred:** \_\_\_\_\_

**IIH Staff Involved:** \_\_\_\_\_

**Description of Events** *(Continued on next page if necessary):*

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Check here if you have used additional pages and they are attached.

**When completed, please return this form and any additional pages to Quality Improvement (QI) Department by utilizing the QI drop box or send it via secured email.**

**Name & Signature** (Grievance Report completed by): \_\_\_\_\_

