



Behavioral Health Program Grievance Resolution Notification

Acknowledgement: *Grievances may be submitted without fear of retaliation, cooperation is voluntary and within the restrictions of HIPAA and CFR 42 Part 2. Submission of this form is voluntary and does not affect access to services.*

Grievant Information

Participant Name:

Participant Representative:

Date of Birth (Optional)

Preferred Contact Method:

Phone

Email

Mail

Grievance Overview

Grievance Date:

Program:

Individuals Named in Grievance:

Did you attempt to find a resolution with the individual GOBHI employee and or their supervisor?

Yes

No

Please describe attempts to resolve the grievance with the GOBHI employee and or supervisor.

Description of Grievance: *(Please provide as much information as needed to understand concern, including; timeframe (when it occurred), who was involved, any previous reporting or communicating around concern, and any individuals who may have information to understand concern).*

Is there an Immediate Safety Concern:

Yes

No

Requested Outcome or Resolution:

Participant / Representative Signature:

Date: