

Complaint Worksheet

Name of person filing complaint: _____

Date of incident or situation being reported: _____

Nature of complaint:

What would resolve the complaint to the client’s satisfaction? Please be precise.

A--- Date met with all people involved: _____

Resolution: satisfied? If yes, send it to CHRO. If not, go to B.

B--- Date complaint filed with staff supervisor: _____

Supervisor to schedule meetings and produce a written resolution within 3 business days of meeting.

Resolution: satisfied? If yes, send it to CHRO. If not, go to C.

C--- Date complaint filed with CHRO: _____

CHRO to schedule meeting & produce a written resolution within 3 business days of meeting.

Resolution: satisfied? If yes, send it to CHRO. If not, go to D.

D--- Date complaint filed with CEO: _____

CEO to schedule meeting & produce a written resolution within 3 business days of meeting.

Resolution: satisfied? If yes, send it to CHRO. If not, go to E.

E--- Date complaint filed with the HealthPort Board of Directors: _____

CHRO to schedule meeting & produce a written resolution within 3 days of meeting.

Resolution: satisfied? If yes, send it to CHRO. If not, go to F.

F--- Date complaint filed with the Local Behavioral Health Authority: _____

Resolution: there are no other appeals beyond this point.

Signature of grievor: _____

Date: _____

Staff Signature: _____

Date: _____

CHRO Signature: _____

Date: _____