Reset Form

GRIEVANCE POLICY CONCERN FORM

State Form 57583 (12-24)
INDIANA DEPARTMENT OF HEALTH

DIVISION OF HIV, STI, VIRAL HEPATITIS
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Indianapolis, IN 46204
E-mail supportiveservices@health.in.gov

This form is to be used on behalf of clients and Service Providers to submit grievances regarding the level of service quality, violation of program policies, or breaches of confidentiality.

Please complete the following information:

Your Name _____ Today's Date _____
Your Care Site _____
Grievance Liaison _____ Date of Incident _____

Briefly describe the incident or concern:

Briefly describe your expected resolution to this problem or concern:

Sign your name _____

Your signature here provides consent for release of information regarding this grievance to IDOH and other appropriate parties.

Liaison Signature _____

The signature of Grievance Liaison

THIS PAGE – Agency Use Only	Designated liaison for this grievance	

Step 1 Initial Date: _____

Result Description of proposed resolution _____

Client is satisfied with resolution ❑ **Client is dissatisfied with resolution** ❑

Satisfied client signature _____ Date _____ Dissatisfied client signature _____ Date _____

Step 2 Date this form provided to Liaison _____ Date of meeting: _____

Result Description of proposed resolution _____

Client is satisfied with resolution ❑ **Client is dissatisfied with resolution** ❑

Satisfied client signature _____ Date _____ Dissatisfied client signature _____ Date _____

Step 3 Date this form provided to grievance committee or management _____ Date of meeting with client _____

Date of committee decision to liaison _____ Date of meeting with client _____

Result Description of proposed resolution _____

Client is satisfied with resolution ❑ **Client is dissatisfied with resolution** ❑

Satisfied client signature _____ Date _____ Dissatisfied client signature _____ Date _____

Step 4 Date this form provided to board of directors _____ Date of meeting with client _____

Date of board decision to liaison _____ Date of meeting with client _____

Result Description of proposed resolution _____

Client is satisfied with resolution ❑ **Client is dissatisfied with resolution** ❑

Satisfied client signature _____ Date _____ Dissatisfied client signature _____ Date _____

Step 5 Date mailed to IDOH _____ Date received by IDOH _____ Date of IDOH decision _____

Result See attached directive _____

Agency has received this decision ❑ **Client has received this decision** ❑

Liaison signature _____ Date _____ Client signature _____ Date _____