**Grievance Form**

ACTS always welcomes any suggestions, recommendations, or concerns you have about any aspect of your services. You can share those directly with any staff person or with program management in person, send comments in writing to Continuous Quality Improvement, 4612 North 56th Street, Tampa, FL 33610, or provide feedback online through our website, [www.actsfl.org.](http://www.actsfl.org/)

If you have a specific issue that you want brought to the attention of program management for investigation, or if you believe that you have experienced unjust, discriminatory, unethical, or illegal treatment, please use this form to file a grievance. Grievances may also be filed online at [www.actsfl.org.](http://www.actsfl.org/)

Continuous Quality Improvement

4612 N. 56th St.

Tampa, FL 33610

Office: 813-246-4899

Fax: 813-367-0186

[www.actsfl.org](http://www.actsfl.org/)

***Filing a grievance will not adversely affect the services you receive.***

CQI Report Number:

|  |  |  |  |
| --- | --- | --- | --- |
| Today's Date: Name: Address:  Phone Number: |  | **Program Name:** | |
|  |
|  | Client ID Number:  Date of Birth: |  |
|  |  |
| **Briefly Describe your grievance.** When and Where did it happen? Who was involved? Explain your concern. Attach additional sheets if needed. | | | |
| Please describe what you have tried to do to address this before filing the grievance, and what happened. | | | |
| Explain what you would like done to address your grievance. | | | |
| **Staff Responses:** Explain what was done to address concerns, sign and mark if resolved. | | | |

## Resolved, Forward to Manager for Review Unresolved, Forward to Manager for Resolution

Grievant's Signature: Date:

Staff Signature: Date:

## CQI Report Number:

**Program Manager Response, or Review if Resolved Prior to Receiving Form:**

 Resolved, Forward to Director for Review  Unresolved, Forward to Director for Resolution

Grievant's Signature: Date:

Signature and Title: Date:

**Program Director Response, or Review if Resolved Prior to Receiving Form.**

## Resolved, Forward to CQI for Review Unresolved, Forward to CQI for Resolution

Signature and Title: Date:

**Continuous Quality Improvement Response, or Review if Resolved Prior to Receiving Form:**

## Resolved Unresolved

CQI Signature and Title: Date:

**Chief Operating Officer Response, or Review:**

## COO Signature: Date:

**Type of Grievance: Access to Care Quality of Care Environment of Care**

 **Peer Issues**

 **Administrative Issues**

 **Unprofessional Staff Conduct**

Revised July 2014