



Valir PACE Foundation
Grievance Form

Attachment C

Participant: _____

Last First Middle

Grievance process initiated on (date): _____ (30 Days) _____

Name of Person Filing Complaint: _____ (Participant and/or Caregiver/Representative)

Person assisting participant to document this grievance _____

(Staff member, participant, and/or participant representative)

Reason for Grievance:

- Activities
- Communication
- Contracted Specialist/Contracted Facility
- Dietary
- Home Care
- Medical Care
- Medication
- PACE Services
- Supplies
- Transportation
- Other: _____
- Dissatisfaction which involves an imminent and serious threat to the health of the participant or violation of Participant Rights (expedited review process)

Provide a summary of the Grievance: (Include the date of the event and a brief description of the grievance).

If you require more space attach additional written documentation)



Provide a Summary of what has been done to resolve this grievance:

By signing below the participant and/or authorized representative are indicating:

(Please mark the appropriate box)

- The grievance has been RESOLVED to the participant's satisfaction and the participant has been notified of their rights to file a grievance externally with the Oklahoma Health Care Authority.
□ The grievance was NOT RESOLVED to their satisfaction and they have been informed of their right to appeal and notified of their right to file a grievance externally with the Oklahoma Healthcare Authority.

Signature of Participant or Representative (optional) _____ Date _____
(Sign upon resolution of grievance)

Name of Person Documenting Grievance _____
(staff member)

Signature of Person Documenting Grievance _____
(Staff Member)

Title of Staff Position _____

Date Grievance Closed: _____

Quality Assurance: _____ Date: _____
(The above signature indicates that this grievance has been reviewed by Quality Assurance)