

## Grievance Reporting Form

Participants, their family members, caregivers, and/or representatives have the right to voice concerns, free of any restraint, interference, coercion, discrimination, or reprisal by WellQuest River Valley PACE staff. Through analyzing these grievances there is an opportunity for WellQuest to improve the quality of care provided to our participants.

**Definition:** A grievance is a complaint, either oral or written, expressing dissatisfaction with the service delivery or the quality of care furnished, regardless of whether remedial action is requested. Grievances may be between participants and the PACE Organization (PO) or any other entity or individual through which the PO provides services to the participant.

**Process:** WellQuest staff will document the grievance on this form and work with the participant, their family member, caregiver, and/or representative to resolve the matter immediately or assist them in submitting the grievance to the Quality Dept. for resolution. When an unresolved grievance is submitted, the WellQuest Quality Department will seek to resolve the grievance as soon as possible, but no later than 30 days after the grievance was received.

Staff is to inform the participant that a grievance is being filed on their behalf. If they do not wish to pursue the grievance, indicate below that they do not want to be contacted and/or to receive notification.

---

Participant Name: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Complainant Name: \_\_\_\_\_ Relationship:  PPT  Family   
Caregiver/DPOA Complainant Phone #: \_\_\_\_\_  
Complainant Address: \_\_\_\_\_

### GRIEVANCE CATEGORIES

- Clinic  Contracted Facility  Contracted Specialist  Day Center  Nutrition  Home Care  Reception  
 Scheduling  Enrollment/Marketing  PACE Services  Pharmacy  SW  Therapy (OT, PT, SP, RT)  
 Transportation  Activities  Communication  Medication  Medical Care  Supplies   
Disenrollment/Enrollment

**Description of Grievance** (Names, Location, Dates, Verbatim Comments and Objective Facts):

**Complainant Preferred Resolution** (What would a good solution to this issue look like for you?):

- Contact is required/preferred  Do not contact  Do not send notifications

### STEPS TAKEN TO RESOLVE GRIEVANCE

Agreeable with  Yes  No  Resolution Pending

Resolution: \_\_\_\_\_

### TO BE COMPLETED BY THE QUALITY DEPARTMENT

- Notification Letter  Grievance Log Entered  EMR  Follow up form emailed to staff  Resolution Letter

## Grievance Follow-up

*As the staff member assigned to resolve this grievance, you will investigate, determine the best method to solve the problem, and take steps to settle the matter, including meeting/speaking with the complainant and any parties involved.*

### Summary of pertinent findings/conclusions in the investigation:

*Be sure to include in your investigation a summary of any dates of contact, as well as names of any staff that were consulted.*

### Corrective Action (if applicable) and the date completed or expected to be completed

Complainant agreeable with resolution:  Yes  No

Was the issue(s) in the grievance substantiated?  Yes  No IF YES:

Was WellQuest staff found to be at fault?  Yes  No IF YES:

Were there any adverse effects as a result?  Yes  No IF YES, PLEASE EXPLAIN:

Staff Name:

Resolution Date: