

[PACE Program Logo]	[PACE Address] [City, State, ZIP] [Telephone Number] [TTY (Hearing Impaired)]
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GRIEVANCE REPORT

Center: _____	Participant's name: _____
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(1) Individual filing the grievance:	(2) Name and Contact Information: (if other than Participant or Staff)
<input type="checkbox"/> Participant <i>(not required)</i>	<i>(Name/Relationship to Participant)</i>
<input type="checkbox"/> [PACE Center] staff on behalf of participant	<i>(Address)</i>
<input type="checkbox"/> Family Member <i>(please complete (2))</i>	
<input type="checkbox"/> <i>Participant's representative (please complete (2))</i>	<i>(Telephone)</i>

lease provide a complete description about your grievance:
What happened? Who was involved? What date did the event occur? Where did the event occur? If you need more space, please attach additional pages. Check box if additional pages are attached .

Signature of Person Reporting the Grievance: _____ Date: _____

Please note: Participants are not required to sign this form

I have been advised of my right to ask for help in filing my grievance. I have received written information about the grievance process. _____ (please initial if correct).

I have designated the above person to act as my representative and to assist me in this grievance process. _____ (if applicable, participant initials).

*If applicable, please indicate the **[PACE program]** staff assisting to complete this form:*

Name: _____	Job Title: _____	Ext: _____
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When completed, please return this report and any additional pages to the Center Manager OR mail to:

[QA Department] of [PACE Program] [Mailing Address]

Date Report Received: _____

For Internal Staff Use Only:

[Quality Assurance Department] notified of the grievance by telephone or e-mail: Date _____

- Report received by the **[QA Department]**: Date _____
- [PACE Staff]** Documented Receipt of Grievance into Grievance Log: Date: _____
- [QA Staff]** telephoned acknowledgement of receipt to Participant (within 5 business days): Date: _____
Time: _____
- [QA Staff]** sent a written acknowledgment to participant (within 5 business days): Date Sent: _____
- [Medical Director]** is notified of the grievance concerning medical care or urgent grievance:
Date: _____
- [Manager/Supervisor]** responsible for services or operations is notified of the grievance.
Date: _____

Thirty calendar days from the day the grievance was received, either:

- The grievance has been resolved. The **[Medical Director]** or **[QA staff]** has sent the Participant a report describing the problem's resolution, the basis for the resolution, and the review process if dissatisfaction continues. Date Sent: _____. OR
- The grievance is pending. The **[QA Staff]** sent a report with a brief explanation of the reasons for the delay to the Participant and/or his/her representative. Date Sent: _____

Expedited Review: If the grievance involves an imminent and serious threat to the health of the participant

- The participant and/or representative are immediately notified by telephone of the receipt of the request for an expedited review. Date: _____ Time: _____
- The participant and/or representative are notified of their right to notify CMS and DHCS of the grievance.
- No later than 3 business days from receipt of the grievance, a written statement of the final disposition or pending status of the grievance is sent to the Participant and/or representative, CMS and DHCS.

Comments: