

We Are Listening!

We understand that sometimes there are things that may be a problem or concern to you and we want you to tell us about it. We will be sure to get back to you on how we plan to fix your concern. A grievance is a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished.

Participant Name:	Date Received:
Complainant:	_Relationship to Participant:
Phone Number:	

Provide a summary of the Grievance:

(Include the date of the event and a brief description of the grievance. Use back of page if necessary.)

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Completed By:	Date:	

Directions: Complete Form ____ Submit to Center Director ____ Give Copy to Participant ____

Explanation of Process:

You may file a grievance in person with any PACE North staff member at any time, either verbally or in writing. If you have a grievance during or after hours, you may call 231-252-2767. TTY users should call 1-833-410-2082 (231-252-3799). If you prefer to fax the form, send to 231-252-3750. If you prefer to mail the grievance form, mail to:

PACE North 2325 Garfield Rd. N Traverse City, MI 49686

Once you or your representative has filed a grievance, we will place your grievance in our grievance log at the PACE North Center. You will be notified in writing within five (5) business days that PACE North has received your grievance.

PR 24.04A

Our goal is to resolve participant grievances within one (1) calendar day, however it may take longer. If we need more time to investigate your concerns, we will let you know how long we think it may take. It is the responsibility of our Center Director to investigate and seek a resolution of the grievance as soon as possible but within thirty (30) calendar days from the date the grievance is received by PACE North. The grievance and the resolution to the grievance will be discussed with you, and a final decision will be sent to you in writing within five (5) calendar days of resolving the grievance. If you or your family member/representative are dissatisfied with the outcome of the grievance resolution, you can take further action by contacting the PACE North Executive Director at 231-252-3814 within thirty (30) calendar days of the proposed resolution. All efforts will be made by the PACE North Executive Director to resolve the ongoing grievance and inform you and/or your family member/representative in writing of the final proposed resolution within thirty (30) calendar days.

During the grievance process we will continue to furnish you with PACE services at the frequency provided in your current plan of care. Your grievance will be kept confidential by all PACE North staff.