

**Form**☐ Churchland ☐ Norfolk

Complete this form when a grievance or complaint is brought to your attention, by a participant, family member, caregiver or any customer who receives services from Sentara PACE.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Completed by: \_\_\_\_\_

Regarding: \_\_\_\_\_

(Participant's Name)

Person making complaint: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(Name)

Grievance *(Be detailed and specific)*

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Acknowledgement Sent by: \_\_\_\_\_ Date: \_\_\_\_\_

Steps of Investigation *(Be detailed and specific)*

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Resolution *(Be detailed and specific)*

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Participant or Caregiver satisfied with resolution: ☐ Yes ☐ No *\*if NO, must forward to Director of Operations for review.*

**Form**☐ Churchland ☐ NorfolkRecommendations: *(Be detailed and specific)*

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Training/Educational In-service needed? ☐ \*YES ☐ NO

*\* If yes is indicated, you **MUST** provide documentation of training/educational in- service and attendance logs to Q&C Department\**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Grievance Form- Sentara PACE - 4950-10-001 (9/16)

***Helpful Hints for Completing Grievance Form***

***Grievance details:*** What was said, who said it, explain using the words of the grievant.

***Steps of Investigation:*** Include information on the dates/times of calls, conversations, voicemails, who you spoke with and/or left a message for”

***Resolution:*** “How was the problem fixed?”

***Recommendations:*** “What can be done to prevent it from happening in the future?”

***If your resolution involved staff training or in service:*** You must provide copies of the in-service and attendance log to Q&C for validation and documentation of training.

Please note if additional guidance is needed for completion of the grievance, please refer to the Social Worker and/or your Site Manager for assistance.

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***\*If Participant and/or Caregiver is not satisfied with the resolution of the grievance - You must forward a copy of the grievance form to the Program Director for Review.***