

GRIEVANCE FORM

There are two pages to this form. Please print clearly. Complete all sections of this form.

I am submitting a written expression of concern and/or dissatisfaction to Hope Haven Psychological Resource, LLC

Check this box if this case involves an imminent and serious threat to you or the health of the client, including but not limited to severe pain, the potential loss of life, limb, or major bodily function. If it does, please phone Hope Haven's Administrative Office or call 911

To serve you quickly, it is important that you provide as much of the information as possible. If you have any questions about the meaning of anything on this form, please call Hope Haven's Administrative Office at 317.241.4673.

If you have a grievance against your third party healthcare plan, you should first telephone your health plan and use your health plan's grievance process. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved, or a grievance that has remained unresolved for more than 30 days, you may call Hope Haven's Administrative Office for assistance.

Client Information

Name (Last, First, Middle Initial)

Mailing Address (Street, City, State, Zip)

Telephone No. (Day)

(Evening)

Name of person filing complaint (if other than client)

Email Address

Caregiver/Guardian Information

Name (Last, First, Middle Initial)

Relationship to Client

Mailing Address (Street, City, State, Zip)

Telephone No. (Day)

(Evening)

When completed, forward this form to:

Hope Haven Psychological Resource, LLC
5610 Crawfordsville Road, Suite 200
Indianapolis, Indiana 46224
FAX: 371-241-0201
EMAIL: admin@hopehavenpsych.org

FOR INTERNAL USE ONLY

Complaint Initial Determination
 Appeal

Member Complaint Information

What is the name(s) of the provider(s) or team member(s) this complaint is about?

Name

Briefly outline the specific details of your complaint. Identify what the complaint is, and when the events you describe took place. If helpful, please provide COPIES of all relevant correspondence or documentation related to this complaint.

Attach additional pages to this form, if needed.

Have you sent any records, correspondence, or other complaints about this case to any other agencies, entities, enforcement organizations, or review boards. If so, when did you send it and to whom did you send it to? Please include their phone or fax number if known. YES NO

Entity Contacted

Telephone / Facsimile No.

Date(s)

Certification I certify that this information is true and correct.

Client (Guardian's) Signatures

Date