



This form is to be completed if you wish to make or file a grievance and/or appeal. You may file this report anonymously, without your name, however it may make it more difficult for Hope Performance Systems to address the matter.

Date of Report: _____

Your Name: _____ Your Phone Number: _____

Your Address: _____

Grievance Statement

Date of event/incident: _____ Time (if know) _____

Program/Location of event/incident: _____

List name(s) of all persons involved in the event/incident: _____

State the event or incident that prompted this complaint and include relevant details: _____

Appeal Statement

Name of Provider (who made the decision): _____

Please detail the decision that you are appealing: _____

What is grievance or appeal?

Grievance: any complaint or expression of dissatisfaction regarding service delivery of the service provider/agency

Appeal: challenging a decision or order made about your treatment/diagnosis