

Intercommunity Action, Inc.
Consumer Grievance Process Notice

Client: Test, Test **DOB:** 10/06/1987 **Gender:** Female **ID#** 00000001 **Intake:** 05/04/2015 05:00am

Test

Client: _____

Event: _____

Actual Date: _____

Location: _____

Staff: _____

Signed Grievance Upload: No document attached

Grievance Information:

Please let us know if you are dissatisfied with how we are doing our job.

At Interact, we strive to provide services that best support each individual client and family who is seeking our assistance. We are committed to respecting your rights and providing the highest quality of service to you and/or your family or child.

If you ever feel that your rights have been violated or you are unhappy with the quality of service provided to you/your family/your child, you are encouraged to first speak with the Interact staff working with you, or his/her supervisor about the matter and try to seek a resolution.

If ,after that discussion, you continue to feel that the matter has not been resolved to your satisfaction, you may make use of the Interact consumer grievance and appeals process.



You may file a grievance by speaking with or writing to the Supervisor associated with the program/staff where you feel the problem exists. You will receive a response to your grievance within 24-48 hours.

Ask any Interact staff person to help you identify the Supervisor you need to contact. The following is the name and phone number of the supervisor(s) of the program(s) you/your child attends:

Supervisor Name/Phone Number

--OR--

You may file a grievance directly with Interact's Quality Assurance Committee by contacting the Interact Compliance Officer.

Thank you for helping us help you as best we can.

This form has been explained to me in full and a copy has been given to me.



Consumer Signature/Date: _____

Entered With: _____

Service Related Encounter Information

Exempt from Billing: _____

Activity Type: _____

Client Involved: _____

Program Providing Service: _____

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Facility Providing Service: _____

Encounter With: _____

Service Authorization: _____

Tasks/Schedules

Next Event Due: _____

Next Scheduled Event
