Upham's Corner Health Committee, Inc. d/b/a/ Upham's Elder Service Plan

PARTICIPANT GRIEVANCE FORM

Participant information

PARTICIPANT NAME	Рноле
MEDICAL RECORD NUMBER	UESP CENTER

Grievance information

ΤΟΔΑΥ'S DATE	DATE OF GRIEVANCE		
LOCATION/DEPARTMENT WHERE GRIEVANCE OCCURRED			
PERSON REPORTING GRIEVANCE (IF NOT PARTICIPANT)			
STAFF PERSON RECEIVING GRIEVANCE	UESP DEPARTMENT		
GRIEVANCE MADE: in person via telephone	□ other(specify):		
G RIEVANCE DESCRIPTION (ATTACH ADDITIONAL PAGES IF	NEEDED)		
ACTION(S) REQUESTED BY PARTICIPANT			
I understand that the Upham's Corner Health Committee will contact me within thirty (30) days to provide a report regarding the resolution of this grievance. If I am dissatisfied with the resolution of this grievance, I may appeal to the Executive Director.			
Participant or delegate's signature	Date signed		

Upham's Elder Service Plan use only

	y		
FORWARDED FOR RESOLUTION TO		DATE	
UNRESOLVED GRIEVANCE SENT TO:			
Participant	□ in person □ by phone □ by e	mail 🛛 other:	
DATE			
Grievance Coordinator			
D	ATE		
AGENCY COMMUNICATION AND RESOLUTION (ATTACH ADDITIONAL PAGES IF NEEDED)			
		DATE	
RESOLVED BY		DATE	
RESOLVED GRIEVANCE SENT TO:			
		n all 🗖 ath an	
Darticipant	ып person ц by phone ц by e		
Grievance Coordinator	DATE		
-			

Grievance Coordinator and CEO use only

ESP Log #	UCHC LOG #	GRIEVANCE COORDINATOR SIGNATURE AND DATE
DATE UNRESOLVED GRIEVANCE SENT TO CEO	DATE RESOLVED GRIEVANCE SENT TO CEO	CEO SIGNATURE AND DATE