

**PRAIRIE RIDGE INTEGRATED BEHAVIORAL HEALTHCARE
PATIENT GRIEVANCE FORM**

Name: _____ Today's Date: _____

Address: _____

Telephone # _____

What is the best way and time to contact you? _____

1. Please list, in as much detail as possible, your concern or complaint. [Use the back of this form or attach additional sheets as necessary.]

2. What would you like to see happen to resolve this problem?

3. Have you discussed your concern or complaint with anyone at Prairie Ridge? If so, with who did you discuss your concern or complaint and on what date?

4. What was the response to your concern or complaint? [Please attach a copy of any written response you have received regarding your concern or complaint.]

FOR INTERNAL USE ONLY

Staff Receiving Grievance: _____ Date: _____

Forwarded to: _____ Date: _____

UPON FINAL RESOLUTION OF THE WRITTEN COMPLAINT, THE WRITTEN COMPLAINT AND ALL OTHER DOCUMENTATION MUST BE TURNED IN TO THE COMPLIANCE OFFICER.