



**Valir PACE Foundation  
Grievance Form**

*Attachment C*

**Participant** \_\_\_\_\_

Last

First

Middle

Grievance process initiated on (date): \_\_\_\_\_

- Participant has been informed of their right to request assistance in completing the Grievance Form and has received written information on the grievance process.

Name of Person Filing Complaint \_\_\_\_\_

(If a participant is not filing the complaint please identify below who is filing the complaint)

Person assisting participant to document this grievance \_\_\_\_\_ (staff member, participant, participant representative)

**Reason for Grievance:**

- Dissatisfaction regarding the quality of medical care services
- Dissatisfaction regarding the quality of long-term care services
- Dissatisfaction regarding the delivery of services
- Other \_\_\_\_\_
- \_\_\_\_\_
- Dissatisfaction which involves an imminent and serious threat to the health of the participant or violation of Participant Rights (expedited review process)



**Provide a summary of the Grievance:**

(Include the date of the event and a brief description of the grievance). If you require more space attach additional written documentation.

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Signature of Participant (optional) \_\_\_\_\_ Date \_\_\_\_\_

Or Authorized Representative (optional) \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Documenting Grievance \_\_\_\_\_

Signature of Person Documenting Grievance \_\_\_\_\_

Title of Staff Position \_\_\_\_\_

Date Complete \_\_\_\_\_