



PATIENT/CLIENT GRIEVANCE

Your complaints or problems are important to the Agency. We will give full consideration to a problem or complaint and make an effort to resolve the issue in an agreeable manner. We assure you that you will have the opportunity to voice grievances and recommend changes in services and/or policies without discrimination, coercion, reprisal, or unreasonable interruption of services or reprisal in any manner from the Agency.

If you have a complaint, please:

1. Submit the complaint either verbally or in writing to the Agency Manager. If you call after normal business hours, you will be contacted by the Administrator on the next business day.

Vance Propati, Administrator
505 S. Lenola Road
Suite 111
Moorestown, New Jersey
609-923-3023

2. The Agency Manager will contact you or your representative and will make every effort to resolve the complaint to your satisfaction. They will document all activities involved with the grievance/complaint/concern, investigation, analysis, and resolution. You will be notified of the Administrator's decision within ten (10) days.
3. If the complaint cannot be resolved to your satisfaction, you may request that the Agency Manager submit your complaint to the Agency Board of Directors.

Please be advised that you may lodge complaints with the state by calling the 24 hour toll free hotline 1-800-792-9770.



COMPLAINT/ GRIEVANCE FORM

Grievance Submitted By: Client or Employee

Griever Name: _____ Grievance Date/Time: _____

If applicable: Caregiver Name: _____ Client Name: _____

Grievance Short Description: _____

Griever Relationship to others involved: _____

Full Statement: _____

Witnesses Names and Contact Information: _____

Griever Signature

Contact Information

Do not write below this line

Management Actions Taken: _____

Office Coordinator Signature

Date

Supervisor Signature

Date Grievance Closed