



GFC LOG #: \_\_\_\_\_

**Complaint submitted by (complete Enrollee/Subscriber information for all grievances even if Enrollee is not submitting the complaint):**

**Client Organization Representative:**

Name : \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Provider of Services:**

Name (incl. licensure): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ ID #: \_\_\_\_\_

**Enrollee/Subscriber (Complete this information for all complaints):**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ SS #: \_\_\_\_\_

Employer: \_\_\_\_\_

**Family Member:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Date complaint received:** \_\_\_\_\_ **Complaint received by:**  Letter  Telephone  In-person  Client Satisfaction Survey

Date grievance received by Holman Account Executive: \_\_\_\_\_

Date Account Executive submitted grievance to Grievance Specialist: \_\_\_\_\_

Date letter sent to complainant acknowledging grievance: \_\_\_\_\_

Date grievance initially heard by Grievance Committee: \_\_\_\_\_

Date letter sent to complainant communicating resolution of grievance: \_\_\_\_\_



Grievance/Complaint Form - HFC

Plan for disposition (What should/is being done about the complaint):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint resolved?: Yes \_\_\_\_ No \_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolution of complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature** (Chairperson Grievance Committee) **Date**