

Grievance Intake Form

Complainant's Name:		Registered Consumer?		Yes	No		
NOTE: If complainant is not a registered consumer, record the relationship (i.e. guardian, parent of a minor child, friend/family member, provider staff, other):							
Street Address:							
City/State/Zip:							
Phone No.:			Alt. Phone No.:				
Provide a brief description of your concerns (use additional pages if necessary)							
If the grievance was resolved please provide the resolution and number of days for resolution:							
If filing a grievance on behalf of a client, please provide client's name:							
Client's D.O.B.:		Medicaid: Yes or No		Check Population:			
		Client ID No.:		MI DD SUD C&F Other Service(s) Type:			
Staff person's name/agency (if grievance involves a CMH or Agency employee):		Check one (1) Grievance Category: Check here if NA <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> Attitude/Service Billing/Financial Issues Policy/Procedure Quality of Care Quality of Practitioner Office Site </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> Request for Change in Services Service Acceptability Service Accessibility Service Availability Suggestions/Recommendations </td> </tr> </table>				<ul style="list-style-type: none"> Attitude/Service Billing/Financial Issues Policy/Procedure Quality of Care Quality of Practitioner Office Site 	<ul style="list-style-type: none"> Request for Change in Services Service Acceptability Service Accessibility Service Availability Suggestions/Recommendations
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Name of person completing the form:				Phone No.:			
Affiliate CMHSP:				County:			

Note: Upon completion of this form please submit a copy within 48 hours to:
 Lakeshore Regional Entity Customer Services
 Fax No.: 231-769-2075

The CSC or CSS will attempt to have grievances resolved as soon as possible, and no later than 90 days, as required by the Michigan Department of Human and Health Services. If you have any questions or concerns, please feel free to contact LRE Customer Services at (800) 897-3301.

Rev: 10/16/17