



### PLEASE READ AND SIGN BELOW

You may authorize another person to act on your behalf and this representative may use the grievance process if requested by you. The Pioneer Human Services Client Grievance Policy will ensure that you are not subject to any discrimination or penalty for filing a grievance.

If you require further information regarding the Grievance process, please call The Pioneer Human Services Director of Quality Assurance (206) 766-7046 or (206) 768-1990.

For the purpose of resolving this grievance, I authorize the following person to act on my behalf or help me with the grievance process:

<b>Name of my representative:</b>	
<b>Phone number of my representative:</b>	

I understand that the Director of Quality Assurance (or designee) will be authorized to contact my representative (as named above). The Director of Quality Assurance will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this grievance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUBMIT VIA EMAIL

**If you prefer to mail your grievance, when you have completed, signed and dated this form please mail or fax to:**

Director of Quality Assurance  
7440 West Marginal Way S  
Seattle, WA98108  
Fax: 206-768-8910

**You may also scan or fax this form to the following email.**

[ClientGrievance@P-H-S.com](mailto:ClientGrievance@P-H-S.com)

**To submit a complaint to the HCA**

Call 844-284-2149  
Or  
Privacy Officer  
Health Care Authority  
PO Box 42704