

## Client Eqo r mkpvlGrievance Form

Pioneer Human Services encourages all clients to discuss any complaint or issue about services provided to program senior leadership. You may file a grievance by talking to your direct service provider or to any Pioneer Human Services staff member with whom you feel comfortable. You may complete this form or phone in your grievance j @ k U (206) 766-7046 or the PHS Grievance Hotline (206) 752-6349

Please complete the following information to assist with addressing your concern. All information is voluntary

Your Name:		
Email Address:		
Phone Number:		
Pioneer Location:		
Please describe your grievance		
(Please include dates and names, if possible.)		

By Signing, I acknowledge that I understand the Director of Quality Assurance (or designee) will be authorized to contact any involved PHS staff member in order to resolve my grievance. The Director of Quality and Outcomes will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this grievance.

Signature

Date

SERVICES

## 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:

Name of my representative:	
Phone number of my representative:	

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

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

## To submit a complaint to the HCA

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