

# HEALTH CARE & REHABILITATION SERVICES

## CLIENT GRIEVANCE & APPEAL FORM

*If you are unhappy with this agency, a staff member, or any decisions made regarding the services you receive, you may use this form to share your concerns so they can be addressed promptly. This form is provided for your convenience, but you are welcome to express your concerns in any format you prefer. If you would rather speak to someone directly, you may contact the Grievances & Appeals Coordinator.*

- **We encourage you to express your dissatisfaction openly.**
- **Your concerns are considered confidential.**
- **Your services will not be affected if you file a grievance or appeal an action.**
- **No staff member will treat you poorly if you express your concerns.**
- **You are entitled to an agency decision regarding your concerns and reasons for the agency's decision.**

**Grievance** is a formal complaint when an individual feels they've been treated unfairly, denied services, or experienced a problem with care or communication. It provides a way to raise concerns, request that the issue be reviewed and addressed, and receive a written resolution.

**Appeal** is a formal request to review and reconsider a decision, related to denied services, coverage, or benefits. It gives individuals the opportunity to challenge that decision and provide additional information or clarification.

**Name:** \_\_\_\_\_ (required to provide a response)

**Address:** \_\_\_\_\_ or e-mail: \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ (if preferred)

*What best describes your concerns? If your concerns are about a denial, reduction, or discontinuation of service, please give as much detail as possible. If your concerns are about the agency or staff, please describe the issues.*

The following categories may help, but you are not limited to this list:

### **Reason for Grievance** **(Please check all that apply)**

#### **Dissatisfaction with Staff/Contractor**

- ☐ Staff cancels appointments frequently
- ☐ Staff was rude or disrespectful
- ☐ Staff does not listen or hear what I have to say
- ☐ Staff did not hold appropriate boundaries
- ☐ Staff has poor communication and follow through

#### **Dissatisfaction with Management**

- ☐ Lack of support or responsiveness from management
- ☐ Poor communication or follow-through
- ☐ Other: \_\_\_\_\_

#### **Dissatisfaction with Program Decision**

- ☐ Denial of services
- ☐ Unfair or unclear program decisions
- ☐ Other: \_\_\_\_\_

#### **Dissatisfaction with Policy Decision**

- ☐ Policy negatively affected access to care
- ☐ Unclear or unreasonable policies
- ☐ Other: \_\_\_\_\_

#### **Dissatisfaction with Quality of Services**

- ☐ Services did not meet expectations
- ☐ Inadequate or inappropriate care
- ☐ Other: \_\_\_\_\_

#### **Dissatisfaction with Accessibility of Services**

- ☐ Services difficult to access due to hours, location, or communication barriers
- ☐ Accommodations not provided when needed
- ☐ Failure to provide services in a timely manner
- ☐ Other: \_\_\_\_\_

**Dissatisfaction with Timeliness of Response**

- ☐ Delayed responses to messages or service requests  
☐ Slow processing of paperwork or approvals  
☐ Other:

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**Dissatisfaction with Services Not Offered or Not Available**

- ☐ Service I needed was not available  
☐ Referral or alternative not provided  
☐ Other:

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**Description of Grievance**

Please describe the situation, including what happened, who was involved, and why you are dissatisfied.  
(Attach additional pages if needed.)

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**Have You Spoken to Anyone About This?**

- ☐ Yes    ☐ No

If yes, who did you speak with and when?

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**What Outcome Are You Hoping For?**

(What would you like us to do to resolve this issue?)

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