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| **Grievance Submission Form**530 W. Ionia Street, Lansing, MI 48933, (F) 517.253.7552MSHN Customer Service: 844.405.3094 |
| A Grievance is an individual’s expression of dissatisfaction with their provider about any matter other than an adverse benefit determination. A grievance may include, but is not limited to, the quality of care or services provided, interpersonal relationship with service provider/staff, or facility issue(s). Grievances may be filed at any time by the individual receiving services, their guardian, a minor child's parent, or an authorized legal representative. |
| Complainant Name: | Submission Date: |
| Complainant Mailing Address: | Complaint Phone Number: |
| Name of Individual Receiving Services: (if different) | Individual’s Date of Birth: |
| Individual Receiving Services Mailing Address: (if different) | Individual’s Phone Number:  |
| Service Provider: |
| **Grievance:** (additional space on back, if needed) |
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**This form should be dropped off, mailed, or faxed to your service provider.**

Assistance is available by contacting your service provider or MSHN Customer Service at 844.405.3094. Once this form is received, you will be sent an acknowledgment letter. All grievances will be resolved within 90 calendar days.

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| **Grievance** (Continued) **-**  |
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| **What would you like to see happen or be different? -**  |
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| Complainant Signature: |  | Date: |

Internal use only:

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_