

Sacred Heart Grievance Form



Name of Complainant: _____

Date/Time of Grievance: _____

Focus of Grievance (please check):

- Quality of Care (any type of complaint)
- Access (access to all services)
- Quality of Practitioner/Office (Site safety, not handicap accessible, etc.)
- Other

Description of Grievance:

Staff Signature

Date Given to Program Director/Rights Advisor

Administrative Response:

Decision/Action Plan:

Program Director/Rights Advisor Signature Date

Signature of the individual enrolled in services

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