Grievance Documentation Form

Program: _____

Phone: _____

Fax: _____

Easterseals UCP North Carolina & Virginia (ESUCP) is committed to protecting the rights and dignity of the persons we serve at all times. This means always treating you with respect and assuring that your wishes and choices are listened to and honored.

If you believe that we have fallen short of this goal, we want you to notify us. In the space below, please describe your complaint. Your information will be kept private and will not affect your services or your family member's services in any way. An Easterseals UCP representative will contact you to make sure that your concerns have been addressed.

Please provide us with your contact information:

Your Name: _____

Telephone: _____ (Day) _____ (Eve)

Person Served: _____

Relationship (circle): Self Parent Other: _____

Please list the staff involved, if applicable, and the services received:

Staff Involved: _____

Services Provided: _____

Please describe your complaint or concern in the space below:

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Person Filing Complaint or Concern Date

Please mail this form to:

ESUCP Quality Management
201 E. Main St.
Salem VA 24153

Or fax to:

ESUCP Quality Management
540-777-2194

For ESUCP Internal Use Only

Date Received:

Received By:

Comments: