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| **COMPLAINT SUMMARY AND RESOLUTION NOTICE** |
| Name:  Date formal grievance/complaint was received:  Name of person who made the formal grievance/complaint:  Relationship to the person served:  Date of initial response to the complaint:   1. Nature of formal grievance/complaint: 2. The results from the complaint review: 3. Description of complaint resolution, including any corrective action and the dates of completion:      1. Date of grievance/complaint resolution (must be within 30 calendar days of receipt of the complaint. If delayed, document the reason for the delay and a plan for resolution): 2. Provision of this written summary and complaint resolution to the person served and/or legal representative and case manager     Name of person served and/or legal representative:  Date of provision:  Name of case manager:  Date of provision:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of person completing the report Date  \*A copy of this *Complaint Summary and Resolution Notice* will be maintained in the service recipient record. |