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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.  |