SERVICE RECIPIENT
GRIEVANCE

Mark only one Program. ☐ Lighthouse ☐ FAIR ☐ Older Americans Act/Title III

Last Name:	**First Name:**	
Date:	**Address:**	**Phone:**
Legal Representative Name, if applicable:	**Address:**	**Phone:**

NOTE: ***AT ANY GRIEVANCE LEVEL, IF THE EXECUTIVE DIRECTOR, BOARD OF DIRECTORS OR STATE REVIEW TEAM IS UNABLE TO MAKE CONTACT WITH THE GRIEVANT AFTER A MINIMUM OF THREE (3) DOCUMENTED ATTEMPTS (AT LEAST ONE OF THOSE BY CERTIFIED MAIL), THEY MAY UPHOLD THEIR GRIEVANCE DECISION BASED ON GRIEVANT UNAVAILABILITY AND LACK OF RESPONSE/PARTICIPATION. IF A GRIEVANT IS A NO-SHOW TO A SCHEDULED GRIEVANCE HEARING, THEY MAY ALSO UPHOLD THE GRIEVANCE DECISION.***

The Level One Grievance: The grievance must be sent to the Provider Agency within fifteen (15) calendar days of written notification of the Denial/Reduction of Services. The Provider Agency director (or designee) will then schedule a meeting by phone (or in person if all parties are in agreement), to discuss the the grievance. The Provider Agency will notify you of the decision or action in response to your grievance.

Statement of Grievance (Describe your concern.)

Relief Sought (Describe what would correct your problems.)

LEVEL ONE GRIEVANCE RESPONSE

Date of Level One Meeting with Agency Director (or designee): _____

☐ In person ☐ Conference call

Provider Agency Decision or Action Taken:

Date Service Recipient notified of decision/action: _____

List the names of all other participants
1.
2.
3.
4.

_____ _____

Provider Agency Director (or designee) Signature Date

☐ I am satisfied with the Level One Decision

☐ I am not satisfied with the Level One Decision

If you are not satisfied with the Level One decision, you have seven (7) business days from this date to file a Level Two grievance with the agency board of directors.

_____ _____

Service Recipient/Legal Representative Signature Date

LEVEL TWO GRIEVANCE RESPONSE

The Level Two Grievance: If you are not satisfied with the Level One decision or action by the provider agency, you may proceed to a Level Two grievance. The Level Two grievance will go to the agency board of directors for review and a decision. The agency board of directors will schedule a meeting by phone (or in person if all parties are in agreement) to discuss the grievance. The agency board of directors will notify you of the decision or action in response to your grievance.

Date of Meeting/Discussion: _____

☐ In person ☐ Conference call

Any other information requested/provided:

_____

Board of Directors Decision/Action Taken:

_____

Date Service Recipient notified of decision/action: _____

List the names of all other participants
1.
2.
3.
4.

_____ _____

Board Member Signature Date

☐ I am satisfied with the Level Two Decision

☐ I am not satisfied with the Level Two Decision

If you are not satisfied with the Level Two decision, you have seven (7) business days from this date to file a Level Three grievance with the State Review Team.

_____ _____

Service Recipient/Legal Representative Signature Date

LEVEL THREE GRIEVANCE RESPONSE

The Level Three Grievance: If you are not satisfied with the Level Two response by the agency board of directors, you may proceed to Level Three. The Level Three grievance must be sent to the West Virginia Bureau of Senior Services, 1900 Kanawha Boulevard, East, Charleston, WV 25305. The State Review Team will schedule a meeting by phone (or in person if all parties are in agreement), to discuss the grievance. The State Review Team will notify you of the decision or action taken.

Date of Meeting/Discussion:

☐ In person ☐ Conference call

Any other information requested/provided:

State Review Team Decision/Action Taken:

Date Service Recipient notified of decision/action:

SERVICE RECIPIENT
GRIEVANCE

List the names of all other participants
1.
2.
3.
4.

_____ _____
State Review Team Member Signature Date

_____ _____
State Review Team Member Signature Date

_____ _____
State Review Team Member Signature Date

Confidentiality Statement

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