



CLIENT GRIEVANCE FORM
THIS FORM MUST BE COMPLETELY FILLED OUT

You have the right to file a grievance if you feel that you are being treated unfairly or if you believe that South Meadows Recovery has violated any of your rights.

Name of Grievant (Please Print):	Home Mailing Address: Street or P.O. Box: City: State: Zip:
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The grievance procedure is as follows:

Clients/Staff may document any concerns they have on the provided Grievance Forms.

Completed Grievance Forms are to be placed in an envelope, sealed and given to your primary therapist or the Clinical Director. The grievance issue will be reviewed with the individual having the concern within 2 business days of receipt of complaint.

If the concern is regarding your therapist or the Clinical Director, the grievance form may be submitted to the Executive Director.

If a satisfactory outcome cannot be resolved with any or all South Meadows Recovery's staff, you may report your grievance to the Department of Health and Human Services at 1-800-832-9623 or in writing to the Texas Department of Health and Human Services, Substance Abuse Compliance Group, P.O. Box 149347 Austin, Texas 78714-9347. South Meadows Recovery, Inc is also accredited through The Joint Commission. They can be reached at 630-792-5800.

Date, time and place of event leading to grievance:	Today's date:
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Detailed description of grievance including names of other persons involved, if any:

Proposed solution to grievance:

Step	Grievance Filed With <i>(Please Print Name)</i>	Job Title	Date
1			
2			
3			
4			



South Meadows
RECOVERY