

Gilead Community Services, Inc.
COMPLAINT/GRIEVANCE FORM

Your Name: _____

Phone #: _____

Please indicate what rights you feel have been violated: _____

Describe your complaint or grievance (Please be specific. Include names, dates, times, places, and witnesses if applicable. Use other side of form if more space is needed): _____

Please indicate what you would like to see done to resolve this: _____

Would you be interested in a peer or legal advocate to assist you with this complaint or grievance? Yes No Not Sure Already have one

I request that the Gilead Community Services' Consumer Rights Officer investigate and help me resolve this complaint or grievance. I understand that interviews with the Consumer Rights Officer, staff, and reviews of my clinical/medical chart & records may be necessary to fully investigate this matter. I also understand that I have the right to an appeal if I am not satisfied with the results of the investigation.

Signature of Person Filing Complaint/Grievance

Date

* Please give this completed Complaint/Grievance Form to Gilead Community Services' Consumer Rights Officer at 681 Saybrook Road, Middletown, CT 06457 (Phone: 343-5300).

Signature of Consumer Rights Officer

Date Received

