

**PBH GRIEVANCE FORM**

Date Grievance Received:

Date of Grievance:

Time of Grievance:

AM PM

**Grievance Source:** Consumer Stakeholder Family Member Provider Attorney  
Parent/Guardian LME Staff Consumer Advocate/Representative Anonymous DMH/DD/SAS  
Unknown State Agency Other

Name of Complainant	Complainant Phone #
Company Name	Alternate Phone #
Street Address	<b>Check One:</b> <input type="checkbox"/> Complainant Name Can Be Used <input type="checkbox"/> Anonymous
City / State / Zip	

**DETAILS OF GRIEVANCE:**

**Include details such as full names, dates, times, specific issues and resolution desired**

**DESIRED RESOLUTION:**

**TYPE OF GRIEVANCE: Please check ONLY ONE**

**HEALTH PLAN ADMINISTRATIVE**

- Customer Service (CS) Telephone Responsiveness
- Coordination of Appeal Process
- Member materials
  
- Lack/Limited Benefits
- UM/CM Telephone Responsiveness
  
- CS Behavior/Service
  
- UM/CM Behavior/Service
- Other PBH Staff Service
- Other Administrative Issues

**PROVIDER/OFFICE/OFFICE STAFF SERVICES**

- Interaction With Therapist
- Interaction With Staff
- Interaction With Provider
- Cultural Insensitivity
  
- Facility Not Clean/Safe
- Conflict With Provider

**ACCESSIBILITY & AVAILABILITY**

- Appointment to Services Lengthy/Inconvenient
- Unable to Access Care After Hours
- Lack of Choice/Provider Availability
  
- Staff Unavailable to Provide Services
- Facility Availability
- Service Location Within My County Not Convenient
- Service Not Available in County of Residence
- Wait Times Too Long
- Other Accessibility Issues
- Other Availability Issues

**BILLING/FINANCIAL**

- Balance Billing
- Co-Pays
- Duplicate Billing
- Lack of Coordination of Benefits
- Incomplete/Inaccurate Paperwork Issues
- Incorrect Payment
- Timely Claims Payment

**QUALITY OF CARE**

- Abuse, Neglect or Exploitation
- Facility Injury (Incident)
- Human Relations
- Level of Care/Treatment Decisions (Utilization Management)
- Dispensing Medication
  
- Consumer Rights Violation
  
- State Rules Violation
- Misdiagnosis
- Inadequate Treatment
- Delay in Treatment
- Non-Referral
- Confidentiality/HIPAA Violation by Provider/Facility
- No Immediate Response During Emergency
- Other Quality of Care Issues

---

**THIS SECTION FOR PBH USE ONLY**

**PBH Staff Member Handling Grievance:**

**Date Staff Member Began Handling Grievance:**

**GRIEVANCE REFERENCE NUMBER ASSIGNED BY GRIEVANCE DATABASE:**

---