



AGENCY COMPLAINT AND GRIEVANCE INDIVIDUAL REPORTING FORM

Instructions: Complete for each case and fax or mail with quarterly summary to
 MHRSB Program Coordinator, 800 Market Avenue North, Suite 1150, Canton, Ohio 44702, (330) 455-7424

Agency: _____

Date Opened: _____ Grievance Resolution Date: _____

Complainant/Grievant: Advocate Consumer Family Friend Staff Other _____

Choose One: Complaint Grievance Other
 (Complete questions 1 & 3) (Complete questions 2-5) (Complete question 3)

1. Choose the MHRSB category that best describes the complaint

- | | | |
|---|---|--|
| <input type="checkbox"/> Provision of service | <input type="checkbox"/> Medication | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Monetary | <input type="checkbox"/> Misunderstanding | <input type="checkbox"/> Confidentiality |
| <input type="checkbox"/> Staff issue | <input type="checkbox"/> Non-staff issue | <input type="checkbox"/> Other |

2. Choose the ODMH right that best describes the grievance

(For a detailed listing of rights, visit www.mh.state.oh.us and click on *Client Rights and Advocacy & Community Client Rights Statements*)

- | | |
|--|---|
| <input type="checkbox"/> Respect, dignity, autonomy, and privacy | <input type="checkbox"/> Service in humane, least restrictive setting |
| <input type="checkbox"/> Information of condition and services | <input type="checkbox"/> Consent to or refuse service or treatment |
| <input type="checkbox"/> Current, written, individualized service plan | <input type="checkbox"/> Active and informed participation of service plan |
| <input type="checkbox"/> Unnecessary medication | <input type="checkbox"/> Unnecessary restraint or seclusion |
| <input type="checkbox"/> Participation in any non-precluded service | <input type="checkbox"/> Information/refusal of unusual/hazardous treatment |
| <input type="checkbox"/> Notification/refusal of observation tools | <input type="checkbox"/> Specialist or legal consultation at own expense |
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Access to psychiatric/medical/treatment records |
| <input type="checkbox"/> Notice/reason/plan of discontinued services | <input type="checkbox"/> Clear explanation of denial of service |
| <input type="checkbox"/> Non-discrimination | <input type="checkbox"/> Know the cost of services |
| <input type="checkbox"/> Fully informed of all rights | <input type="checkbox"/> Exercise all rights without reprisal |
| <input type="checkbox"/> File a grievance | <input type="checkbox"/> Oral and written instructions for filing a grievance |

3. Detail: _____

4. Resolution: _____

(Use additional pages as necessary)

5. Resolved to the satisfaction of the grievant? Yes No