



GRIEVANCE FORM

Families First of Florida (FFF) strives to excel in providing a satisfactory service to clients and stakeholders. FFF defines a grievance as an expression of verbal or written dissatisfaction that can include, but is not limited to, services, manner of treatment, outcomes, or experiences. FFF highly encourages clients and staff to attempt to work out any issues prior to filing a formal complaint. In the event, the issue cannot be resolved in this manner; the Grievance Procedure RPM.001.01 will be followed.

Client Name			
Program/Service:			
Provider/staff:			
Person filing the Grievance			
Complaint Received from:		Date of Incident:	Time:
Address:		City	
State:		Zip	
Phone:			
Relationship – <i>please specify</i>			

Summary of Grievance <i>please explain in detail what occurred and how this dissatisfied you</i>	
Witnesses if any:	
What would you like to see change:	
Person Completing Signature:	Date:

Please submit to **Quality Management** at 4902 Eisenhower Blvd. Suite 315, Tampa, FL 33634
 If you need assistance, please contact Quality Management at (813) 290-8560

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