



We Are Listening!

We understand that sometimes there are things that may be a problem or concern to you and we want you to tell us about it. We will be sure to get back to you on how we plan to fix your concern. A grievance is a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished.

Participant Name: _____ Date Received: _____

Complainant: _____ Relationship to Participant: _____

Phone Number: _____

Provide a summary of the Grievance:

(Include the date of the event and a brief description of the grievance. Use back of page if necessary.)

Completed By: _____ Date: _____

Directions: Complete Form Submit to Center Director Give Copy to Participant

Explanation of Process:

You may file a grievance in person with any PACE North staff member at any time, either verbally or in writing. If you have a grievance during or after hours, you may call 231-252-2767. TTY users should call 1-833-410-2082 (231-252-3799). If you prefer to fax the form, send to 231-252-3750. If you prefer to mail the grievance form, mail to:

PACE North
2325 Garfield Rd. N
Traverse City, MI 49686

Once you or your representative has filed a grievance, we will place your grievance in our grievance log at the PACE North Center. You will be notified in writing within five (5) business days that PACE North has received your grievance.

