

# Grievance Procedure Processing Form

## North Alabama Community Care

If you are unhappy with your services, you have the right to file a complaint or grievance. You are a valued customer of our agency, and we want to continue to serve you. Every effort will be made to resolve your complaint or problem.

The grievance process is in place to address complaints regarding, but not limited to dissatisfaction with your NACC case manager or other NACC staff members, complaints related to PCPs/DHCPs or their staff members, or denial of Care Coordination services. You may file a grievance through any care provider, program staff member, or by contacting the Alabama Medicaid Agency. All such grievances and complaints are to be treated on a strictly confidential basis and are addressed in a timely manner.

### Section I – Client

Doctor: \_\_\_\_\_ New Doctor: \_\_\_\_\_  
Care Coordinator: \_\_\_\_\_ New Coordinator: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_ Transfer Date: \_\_\_\_\_  
Medicaid Number: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Next appointment date with doctor: \_\_\_\_\_  
Address: \_\_\_\_\_

### Statement of Incidence, problem, or complaint (attach additional page(s) if needed)

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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section II – Care Coordinator

### Action Taken to Resolve Grievance (attach additional page(s) if needed)

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Request Denied: \_\_\_\_\_ Request Approved: \_\_\_\_\_

Care Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_