



COMPLAINT/GRIEVANCE FORM

Directions: Complete the information below and mail, email or fax the form to:

Consumer Direct Care Network
100 Consumer Direct Way, Suite 145
Missoula, MT 59808
Fax: 1-866-438-8591
Email: InfoCDMT@ConsumerDirectCare.com

Name: _____

Affiliation (circle one): Caregiver Member PR Admin Other

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Name of Agency/Person complaint/grievance is directed at: _____

Please describe the occurrence that needs to be addressed (use back of page if needed):

Does the complaint impact health or safety? Yes No

If yes, please explain: _____

Office Use Only

Date Received: _____ **Signature:** _____

Action Taken: Resolved Not Resolved Submitted to QI _____
(date)

Action Plan: (Please use back of this form)