
Client Grievance Form

What is a Grievance?

A grievance is a formal expression of concern about any particular issue thought to be unjust, unfair or abusive. Filing a grievance means putting in writing anything that you have experienced that you believe was harmful or unfair.

You have the right to file a grievance at any time without fear of retaliation. BRAINS, LLP is committed to consistently providing services to you while a resolution regarding your grievance is formulated.

When Issues or Concerns Arise

Discuss any issues or concerns with the agency staff. If a mutually agreed upon decision is not met through this discussion, you are to contact the appropriate Supervisor or Owner. If desired, the Supervisor or Owner will then schedule a meeting with you to discuss the concerns. Hopefully, you and the Supervisor or Owner can reach a mutually agreed upon resolution through this process.

What happens if my grievance is not resolved to my satisfaction?

If a satisfactory resolution to your grievance has not been agreed upon, the following steps should be followed:

1. Write the details of your grievance on the attached form. If you would like to provide additional information regarding the grievance, please attach it to the form. Once the form is completed, please send it to Owners of BRAINS, LLP [Michael Wolff, PsyD & Rochelle Manor, PhD]. The Owner(s) will schedule a meeting with you after receiving your written grievance.
2. If a mutually agreed upon resolution is not met, the grievance remains unresolved. You have the right to seek support through legal consultation or with the State of Michigan Recipient Rights Office.

MDCH-Office of Recipient Rights
6th Floor - Lewis Cass Bldg
320 S. Walnut
Lansing, MI 48913
517-373-2319

[Note: You have the right to file a Recipient Rights Grievance with the state at any time without fear of retaliation from BRAINS, LLP. Most concerns can be resolved without this course of action by working with the clinician, supervisor, or owner(s) of BRAINS, LLP.]



Client signature: _____

Contact Telephone Number: _____

Would you like to schedule a personal meeting with someone other than the providing clinician?

Yes No

If Yes, with whom:

Supervisor Owner

To be completed by BRAINS Clinician, Supervisor, or Owner(s): (Owners must be made aware of all grievances and resolution attempts with client.)

Date received: ____ / ____ / ____

Investigation begun: ____ / ____ / ____

Acknowledgement contact or letter sent to person filing grievance:

Date: ____ / ____ / ____

Date: _____