

PBH FORMAL LEVEL OF REVIEW GRIEVANCE FORM

RETURN COMPLETED FORM TO: PBH, 245 LePhillip Ct, Concord, NC 28025

Your First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ State / Zip _____

Daytime Phone: _____ Ext. _____ Daytime Phone: _____ Ext. _____

SOURCE:	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Provider	<input type="checkbox"/> Other: _____
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A Formal Level of Review Form cannot be filed until a Grievance was filed first and a decision about that Grievance was made.

Has a Grievance been filed regarding this issue: Yes: (Please fill out information below)
 No: **Please file a Grievance.**

- First Level of Grievance Review: Department Director
- Second Level of Grievance Review: Director of Community Operations, Director of Administration and the Medical Director
- Third level of Grievance Review: Area Director / CEO

Grievance: (Use additional sheets if needed)
Please try to give specific *dates* and *names* of persons involved in unsatisfactory situation.

PLEASE COMPLETE PAGES 1 AND 2 OF GRIEVANCE FORM BEFORE SUBMITTING

**What would you like to see happen as a result of this grievance?
(Use additional sheets if needed)**

Signature

Date

**Please return grievance form to: PBH, 245 LePhillip Court, Concord, NC 28025
Attention: Director of Quality Management**

THIS SECTION FOR PBH USE ONLY

LEVEL OF GRIEVANCE:

- 1st Level Department Director
 2nd Level Area Management Team
 3rd Level Area Director / CEO

UNIT GRIEVANCE FORWARDED TO:

- QM PDS Network IS ACCESS
 UM COMMUNITY RELATIONS CONSUMER AFFAIRS
 FINANCE ADMINISTRATION

AGENCY REFERENCED:

PROVIDER TYPE: A B C D

GRIEVANCE TYPE: ADMINISTRATIVE ACCESSIBILITY QUALITY OTHER:

ATTACHMENTS INCLUDED:

FORWARDED TO:

DATED FORWARDED:

INITIALS: