



Grievance / Complaint Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

Email: _____

Denali Family Services' employee(s) involved in incident:

Grievance / Complaint Involves:

- A complaint against an employee at Denali Family Services
- Company policy and procedures
- Treatment related / Quality of Care
- Privacy and/or client rights
- Abuse and/or neglect
- Other, please specify _____

Signature: _____ Date: _____

If you would like assistance in filing a grievance, you have the right to designate a representative or advocate to assist you will all the steps of the grievance process.

Signature of representative (if applicable): _____

Date: _____

Please submit the signed copy of your grievance / complaint form within 30 days of the incident. Upon delivery of the grievance form, a “notice of receipt” will be sent by mail or email within 1 business day. For additional information, please see our policy and procedure for grievance / complaint forms.

All grievance / complaint forms should be returned to:

Peter Houston, MSW
Director of Quality Assurance
1251 Muldoon Rd. Suite 116
Anchorage, AK 99504
Fax: (907) 274-4055
e-mail: phouston@denalifs.org

Questions: (907) 222-2388
DFS Main: (907) 274-8281