



### Grievance / Complaint Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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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 \_\_\_\_\_



**What type of resolution are you seeking from Denali Family Services?**

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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](mailto:phouston@denalifs.org)

**Questions:** (907) 274-8281