BRIDGE OF CARE LLC

Client Grievance Form

Concerns about services, care, or organizational practices

Complete what you can. You may report a concern verbally or in writing to any staff member. Staff can assist, arrange an interpreter or accessible format, and include your representative. Retaliation is prohibited. You may request an appeal or higher-level review, or contact an outside agency.

1 Client and person submitting the grievance

Client name (optional for an anonymous complaint)

Client ID (if known)

Person submitting, if different from client

Relationship to client

Representative or advocate, if any

☐ Anonymous (may limit a response)

Safe phone, email, or mailing address for a response

Contact instructions or restrictions

Preferred language

Interpreter or other support

2 Tell us what happened

Date or dates of the concern

Location or service involved

Staff previously notified and when (if any)

Describe the concern and its impact. Include people or witnesses, if known.

☐ Immediate safety or abuse concern

Tell staff immediately. Call 911 for an emergency.

What would help resolve your concern?

☐ Additional pages or documents attached

Name or signature of person submitting (optional)

Date

We handle complaints confidentially as permitted by law. Signing is optional and does not waive rights or authorize release of records. Attach pages if needed; ensure all typed text is visible.

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Grievance Response and Follow Up

For staff use - link supporting records to the grievance case

1 Receipt and assignment

Case ID

Received date and time

Received by

Method ☐ In person ☐ Phone ☐ Mail ☐ Secure portal ☐ Third party ☐ Other

Assigned reviewer or coordinator

Acknowledgement date

Response due date

Record and explain applicable response and appeal deadlines. Document status updates in the case record.

2 Review and protective action

☐ Urgent ☐ Standard ☐ Informal / clarification

Issue category

Immediate action and leadership notification (date and time), if needed

Investigation findings and evidence reviewed (or attached case record reference)

3 Written decision and corrective action

Decision, reasons, and action to resolve the concern (attach details if needed)

Action owner

Action due date

Verification date / reference

Written response / copy provided on

Delivery method or attempted contact

4 Appeal or further review and closure

☐ Review requested ☐ No review requested at this time ☐ Unable to reach client

Review request received

Review level and reviewer

Decision due date

Reason for review and outcome (or attached record reference)

Closure date

Staff name or signature

External complaint and support options

DCF Southern Region: 786-257-5178
Disability Rights Florida: 1-800-342-0823 (711)
HHS OCR privacy complaints: 1-800-368-1019
AHCA: 1-888-419-3456
Abuse Hotline: 1-800-962-2873