640 Brighton Ave Suite 7
Portland Maine 04102
207-808-8082

LUNA HOME CARE

GRIEVANCE INTERNAL REVIEW

Participant name:

Name of person who made the grievance:

Participant phone number:

Date grievance was received:

Written summary of grievance including persons involved:

Results of the investigation:

Name of agency-provider employee who received the grievance:

Dates the grievance was investigated**:**

Persons involved in the grievance, including relationship or job title:

Persons interviewed or consulted in the review:

Summary of interviews and events:

Resolution of the grievance, including any quality improvement changes:

Date the grievance was resolved:

Date resolution was shared with the person who made the grievance:

Supervising professional who shared the resolution with the participant:

Conclusion and evaluation

- Were company policies and procedures followed? ☐ Yes ☐ No
  If no, specify what will be done to correct this:

- Were company policies and procedures adequate? ☐ Yes ☐ No
  If no, specify what will be done to correct this:

- Is there a need for additional staff training? ☐ Yes ☐ No
  If yes, specify what training is needed and when it will be completed:

640 Brighton Ave Suite 7
Portland Maine 04102
207-808-8082

LUNA HOME CARE

- Is this grievance similar to past events or complaints with the persons, staff, or services involved?
  ☐ Yes ☐ No – if yes, describe:

- Is there a need for corrective action to be taken by the provider agency to protect the health and safety of participants receiving services? ☐ Yes ☐ No
  If yes, describe what corrective action is needed:

_____ _____

Name and title of internal reviewer Date