LUNA HOME CARE LLC

GRIEVANCE SUMMARY AND RESOLUTION NOTICE

Name: Date formal grievance was received:

Name of person who made the formal grievance:

Relationship to the participant:

Date of initial response to the complaint:

1. Nature of formal grievance:

2. The results from the grievance internal review:

3. Description of grievance resolution, including any corrective action and the dates of completion:

4. Date of grievance resolution (must be within 30 calendar days of receipt of the grievance. If delayed, document the reason for the delay and a plan for resolution):

5. Provision of this written summary and grievance resolution to the participant, participant representative, and/or legal representative, if any, and case manager/care coordinator

   Name of participant, participant representative, and/or legal representative, if any:
   Date of provision:

   Name of case manager/care coordinator:
   Date of provision:

If you are not satisfied with this resolution, you can appeal internally by bringing this to the highest level of authority listed in the *Policy and Procedure on Grievances*.

_____ _____

Signature of person completing the report Date

*A copy of this *Grievance Summary and Resolution Notice* will be maintained in the participant record.

Luna Home Care 640 Brighton Ave suite 7 Portland ME 04102
207-808-8082