

DIVISION OF CHILD AND FAMILY SERVICES
CHILDREN'S MENTAL HEALTH SERVICES
DCFS CMH GRIEVANCE FORM

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| <ul style="list-style-type: none">• Inform children, youth and families of the grievance process via an information sheet provided at intake. Included in this information sheet are details regarding a child's, youth's or family's right to file a grievance with the state authority.• Receive, review, and when possible, resolve grievances within 30 calendar days after receiving the grievance.• Allow children, youth and families to freely voice issues of concern and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.• All attempts shall be made to resolve grievances at the lowest level possible. |
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Individual filing grievance: _____ Contact Number: (____)_____

Date: _____ Unit or Program: _____

Please describe your issues of concern using legible print:

(Use the back of the paper if more space is needed.)

Here's what to do next...Place your grievance in the lockbox located on each unit or in the lobby of each site. The Grievance Coordinator will be contacting you regarding your complaint.

If you have any questions about the grievance process, please call your Grievance Coordinator, at _____.