

RECOVERY OUTCOMES INSTITUTE, INC.

GRIEVANCE FORM

Please complete this form and send it to the CEO/President of Recovery Outcomes Institute, Inc. (ROI) at 113 Moorings Dr., Lantana, FL 33462 or emailing directly to Paul.Ahr@recoveryoutcomes.org. ROI considers client feedback very seriously and will carefully review this information. There will not be any retaliation or barriers to support or service(s) for completing a formal grievance. As described in the grievance policy & procedure, a formal grievance process begins with this form.

Please describe your complaint:

Describe how you would like to see this problem resolved:

Full Names of anyone involved:

Client Name:

Date:

Client Signature

Meeting with CEO/President, or designee, and Client:

Date

ROI Employee Present

Recommended resolution and actions taken:

I am satisfied with the outcome

I am dissatisfied with the outcome

Client Signature

Date

I hereby request a formal hearing

Formal hearing with Board Designated Panel and Client:

Date

Attendees Names

Decision of the Formal Hearing:

Accepted

Not Accepted

Client Signature

Date