



ADMINISTRATIVE POLICY
Facility Grievance/Complaint Notice

If you have a complaint of any kind regarding the services you receive, please follow the guidelines below.

1. Complete the Complaint Form provided by SHA. If unable to locate, you may request another form from any staff member of SHA. Describe in detail your complaint which should include specific information such as dates, locations, any staff member(s) involved, etc. Fax the completed form to the Director of Clinical Services (DOCS) at 601-932-8468. Additionally, you may contact SHA's DOCS at 601-933-0037, ext. 203 to discuss the issue.
2. DOCS will work with you to try and resolve your complaint within two (2) business days of receipt of your complaint.
3. If you are not satisfied with the resolution, please contact Debbie Young, Chief Operations Officer @ 601.933.0037, ext. 202 or email dyoung@southernhealthcare.com. The COO will review and respond to you regarding the solution within five (5) business days.

If you are not satisfied with the local grievance/complaint procedures, you should report this to the Chief Executive Officer at 601-933-0037, ext. 207.



COMPLAINT FORM

Name _____

Date _____

Client/ Facility _____

Please describe below in detail the nature of your complaint, listing specific dates, any staff member(s) who were involved, etc. Use the back or additional forms if necessary.

Multiple horizontal lines for describing the complaint.

Signature of Person Filing Complaint

For program use only

Date received by Administrative Staff

Administrative Staff Signature

Step I: Resolution

Multiple horizontal lines for Step I: Resolution.

Step II: Chief Operations Officer's decision (attached)