



Behavioral Health Services

COMPLAINTS, GRIEVANCES AND APPEALS FORM

It is the policy of Region 3 Behavioral Health Services (Region 3) to provide an individual or Region 3 Network Provider (Network Provider) a formal avenue to file a complaint or grievance against, or appeal a decision made by, a Network Provider, an employee or volunteer of a Network Provider, Region 3, or an employee or volunteer of Region 3. Informal resolution to a concern is encouraged and preferred through the direct communication of the individual who has a concern and the person or Network Provider who is the object of the concern. If this does not resolve the concern, the individual or the Network Provider has the right to file a formal complaint, grievance or appeal. Filing a formal complaint, grievance or appeal will not result in any form of retaliation.

The grievant shall complete the Complaints, Grievances and Appeals Form to allow a complaint, grievance or appeal to be stated against a Network Provider of Region 3, an employee(s) or volunteer of a Network Provider of Region 3, Region 3, or an employee or volunteer of Region 3. Completed Complaints, Grievances and Appeals Forms are submitted to the Regional Administrator.

Please print or type. Keep a copy for your records.

A. The name of the Network Provider and/or individual(s) you wish to file a complaint or grievance against:

If this complaint or grievance is against an individual, list their immediate Supervisor: _____

Date of the event or incident: _____

If you are filing an appeal, what decision are you appealing? _____

Who made the decision? _____

Date you received the decision you are appealing: _____

B. Your Name: _____

Email Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____

Mailing Address: _____ City: _____ Zip Code: _____

C. Please describe your complaint, grievance or appeal. Be specific by including names, dates, and time whenever possible. (Attach additional pages if necessary.):

D. Have you tried to resolve the problem(s) before filing a formal complaint, grievance or appeal? Yes No
If yes, please describe what you have done to try to resolve the problem and include the results.

E. What would you like to happen to resolve your complaint, grievance or appeal?

F. Please add anything else you would like us to know. You may attach additional pages.

My signature below indicates that the information provided in this Complaints, Grievances and Appeals Form is true. My signature also indicates that I have read the Complaints, Grievances and Appeal Policy (NM 19) and agree to comply with its terms.

Signature of Grievant: _____ Date: _____

Please return this Form to:

Regional Administrator, Region 3 Behavioral Health Services, PO Box 2555, 4009 6th Avenue, Suite 65, Kearney, NE 68848-2555. 308-237-5113 Or scan the completed and signed form and email it to bbaxter@region3.net

Date received by the RA: _____

Reviewed/Revised: 3/21/22