

GRIEVANCE POLICY & INSTRUCTIONS

Remember, we encourage you to discuss any complaints or issues about your services with your Phoenix Staff member, however, if you are unable to do so you are welcome to reach out to additional support staff. You may file a grievance by talking to your Program Director, Clinical Director, or the Quality Assurance Officer. You have the choice of completing this form, or phoning in your Grievance to one of the following people:

1. Program Director:
 - a. Elizabeth Reaves, LPC
 - b. Phone: 404-394-0765
 - c. Email: EReaves@phoenixrc.org

2. Clinical Director:
 - a. Debbie Stewart, LPC
 - b. Phone 678-378-4696
 - c. Email: DStewart@phoenixrc.org

3. Quality Assurance Officer:
 - a. Brandi Leak, BSW
 - b. Phone: 770-834-0021
 - c. Email: Bleak@phoenixrc.org



Phoenix Resource Center, Inc.
 85 Tyus Carrolton Road
 Carrollton, GA 30117
 Office: 770) 834-0021
 Fax: 678) 648-5594
www.PhoenixResourceCenter.org

GRIEVANCE FORM

Client Name:	
Client Date of Birth:	
Client Phone Number:	
Client Address:	
DESCRIBE THE GRIEVANCE (Please include dates and names, if possible; use additional pages if necessary):	

Client's signature

Date

PLEASE READ AND SIGN BELOW:

A client may authorize another person to act on his/her behalf and this representative may use the Grievance process if requested by the client. The Program Director or the Clinical Director can assist the client throughout the Grievance process. **The client will not be subject to any penalty for filing a Grievance.**

If you need further information regarding the Grievance process, please call the Program Director at 404-394-0765.

For the purpose of resolving this Grievance, I (client) authorize the following person to act on my behalf. (Please write “n/a” if you will not have anyone acting on your behalf):

Name and phone number of representative:	
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I (the client) also understand that the Quality Assurance Officer (or designee) will be authorized to contact my representative (as named above) and any involved provider in order to resolve my Grievance. The Problem Resolution Coordinator will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Grievance.

Client's signature

Date

When you have completed, signed and dated this form please send to:

Elizabeth Reaves, LPC
At ereaves@phoenixrc.org
Or
85 Tyus Carrollton Road
Carrollton, GA 30117