

## GRIEVANCE POLICY & INSTRUCTIONS

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 the Executive 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:

Executive Director: Elizabeth Reaves, LPC  
Phone: 404-394-0765  
Email: [EReaves@phoenixrc.org](mailto:EReaves@phoenixrc.org)

Clinical Director: Debbie Stewart, LPC  
Phone 678-378-4696  
Email: [DStewart@phoenixrc.org](mailto:DStewart@phoenixrc.org)

Quality Assurance Officer: Alicia Mathis, BS  
Phone: 770-834-0021  
Email: [AMathis@phoenixrc.org](mailto:AMathis@phoenixrc.org)

Your filing a grievance will never alter or prohibit your receiving services. You may also file your grievance anonymously, however, please note if you do so we will be unable to follow-up with you regarding the resolution to your complaint.

You can access the anonymous grievance link here: [ANONYMOUS GRIEVANCE REPORT](#)



**GRIEVANCE FORM**

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

Client's signature

Date

**REGARDING DESIGNATED AGENTS  
PLEASE READ AND SIGN BELOW, IF APPLICABLE:**

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 Executive 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 office at 770-834-0021.

**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):**

<b>Agent's First and Last Name:</b>	
<b>Relationship to Client:</b>	
<b>Phone Number:</b>	

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 Quality Assurance Officer will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this grievance.

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**Client's signature**

**Date**

Please send completed forms to:

Elizabeth Reaves, LPC, CPCS  
At ereaves@phoenixrc.org  
or  
Mail to:  
85 Tyus Carrollton Road  
Carrollton, GA 30117