

## Grievance Intake Form

Complainant's Name:		Registered Consumer? Yes / No (circle one)	
NOTE: If complainant is not a registered consumer, record the relationship (i.e. guardian, parent of a minor child, friend/family member, provider staff, other):			
Street Address:			
City/State/Zip:			
Phone No.:		Alt. Phone No.:	
Provide a brief description of your concerns (use additional pages if necessary)			
If filing a grievance on behalf of a client, please provide client's name:			
Client's D.O.B.:	Medicaid: Yes or No	Circle Population: (MI, DD, SUD, C&F, Other)	
	Client ID No.:	Service(s) Type:	
Circle one (1) Grievance Category: NA if Not Apply: _____			
Staff person's name/agency (if grievance involves a CMH or Agency employee):	<ul style="list-style-type: none"> <li style="width: 50%;">• Attitude/Service</li> <li style="width: 50%;">• Request for Change in Services</li> <li style="width: 50%;">• Billing/Financial Issues</li> <li style="width: 50%;">• Service Acceptability</li> <li style="width: 50%;">• Policy/Procedure</li> <li style="width: 50%;">• Service Accessibility</li> <li style="width: 50%;">• Quality of Care</li> <li style="width: 50%;">• Service Availability</li> <li style="width: 50%;">• Quality of Practitioner</li> <li style="width: 50%;">• Suggestions/Recommendations</li> <li style="width: 50%;">• Office Site</li> </ul>		
Name of person completing the form:		Phone No.:	
Affiliate CMHSP: <b>OnPoint</b>		County: <b>Allegan</b>	

The Customer Service Representative will attempt to have grievances resolved as soon as possible, and no later than 90 days, as required by the Michigan Department of Human and Health Services. If you have any questions or concerns, please feel free to contact OnPoint Customer Services at (877) 608-3568 or (269) 686-5124, Fax (269) 673-2738, Email [customerservices@onpointallegan.org](mailto:customerservices@onpointallegan.org)

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