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## CORPORATE COMPLIANCY: GRIEVANCE AND/OR COMPLAINT FORM

Genesis encourages you to discuss any issues with a staff member. You may file a Grievance/Complaint by talking to a supervisor, office staff, or to any other therapist with whom you feel comfortable. You can also file this anonymously by completing the form and mailing it or using our suggestion box. After you complete the description of the incident, submit it directly to the organization, by mail, or by using the online system.

Name:	
Date of Birth:	
Phone Number:	
Address:	
<b>Describe the incident or situation you believe violates the code of conduct and/or legal and ethical guidelines. A formal complaint is defined as a harmful action, unethical or ineffective treatment, malpractice, or discrimination based on race, color, national origin, disability, age, sex, or religion.</b>	
What specifically occurred?	
Where did the event or behavior occur?	
Who is/was involved?	
Were there any other witnesses to the event?	
Where did the alleged event take place?	
What specific area of the code of conduct do you believe was violated?	
Please continue to next page	

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**PLEASE READ AND SIGN BELOW:**

**THANK YOU** for making this effort to assist our organization in the enhancement of our legal and ethical guidelines and code of conduct.

A consumer may authorize another person to act on his/her behalf and this representative may use the Grievance process if requested by the consumer. The appropriate staff can assist the consumer throughout the Grievance process. The consumer is not subject to any penalty or retaliation for filing a Grievance.

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

<b>Name &amp; phone number of representative:</b>	
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I (consumer) also understand that the organization will be authorized to contact my representative (as named above) and any involved personnel to resolve my Grievance. The organization will also be authorized to discuss all information that shall be needed to evaluate and resolve this Grievance.

<b>Consumer’s Signature</b>	<b>Date</b>

When you have completed, signed and dated this form please mail it to:  
Genesis Behavioral Center Administration  
1620 Colorado Ave.  
Turlock, California 95382

You also have the right to contact or make a complaint to:

[The California Department of Health Care Services:](#)

Office for Civil Rights: 1-800-368-1019  
Office of Civil Rights, 90 7<sup>th</sup> St. Ste. 4-100,  
San Francisco, CA 94103

*or to*

[The US Department of Health and Human Services:](#)

Office of Civil Rights: 1-877696-6775  
200 Independence Avenue,  
S.W., Washington, D.C., 20201.