



New Oakland Family Centers
Consumer Complaint/Grievance Form



Every consumer should have reasonable expectations of care and services provided to him or her while at New Oakland Family Centers. New Oakland Family Centers is committed to addressing situations when those expectations are not met in a timely, reasonable and consistent manner. There will be no retaliation or barriers to services by filing a complaint. All complaints will be reviewed and addressed upon receipt, and best efforts made to resolve the complaint within 30 days.

Robin Sharabani, LMSW, Director of Quality, is available to assist you with completing this form, addressing any complaints/grievances, or to answer any questions at (800) 395-3223, Ext: 4101. Please leave this form in the designated lock box in the lobby of the site or return this form by mail to: New Oakland Family Centers, ATTN: Robin Sharabani, 20505 W. 12 Mile Rd., Southfield, MI 48076.

Name: _____ Date: _____

Address: _____

Telephone: _____ Date of birth: _____

DETAILS OF YOUR COMPLAINT

(Please be as specific as possible with the following [1] please state your concern; [2] date of event; [3] time of event; [4] staff member(s) involved, and [5] location of event. Use the other side of this form if you need more room.)

Multiple horizontal lines for writing the details of the complaint.

Date: _____ Signature of Consumer/Parent or Legal Representative

THIS SECTION TO BE COMPLETED BY THE REVIEWER

Date received: _____ Reviewed by: _____

Reviewer's comments: _____

Horizontal lines for reviewer's comments.

Action taken: _____

Date consumer was notified of resolution to the address stated above: _____

Date: _____ Signature _____