

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, 26545 American Drive, Southfield, MI 48034.

Name:	Date:
Address:	
Telephone:	Date of birth:
	DETAILS OF YOUR COMPLAINT e following [1] please state your concern; [2] date of event; [3] time of event; [4] on of event. Use the other side of this form if you need more room.)
Date:	Signature of Consumer/Parent or Legal Representative
THIS SEC	CTION TO BE COMPLETED BY THE REVIEWER
Date received: Reviewer's comments:	Reviewed by:
Action taken:	
Date consumer was notified of reso	lution to the address stated above:
Date:	Signature