AMERICA'S BEST CARE PLUS, INC.

GRIEVANCE FORM

PLEASE USE THIS FORM IF FOR ANY REASON YOU ARE UNHAPPY WITH THE SERVICE YOU RECEIVED FROM ABC PLUS. SO THAT YOUR GRIEVANCE MAY RECEIVE PROPER ATTENTION AND FOLLOW UP, IT MUST FIRST BE PUT IN WRITING. THIS FORM AND ITS CONTENTS SHALL BE HANDLED IN A CONFIDENTIAL NATURE. WE WILL CONTACT YOU AND DISCUSS THE ACTION TAKEN.

DATE:	TIME:
YOUR NAME:	
NATURE OF GRIEVANCE (DETAIL FULLY):	
PERSON'S INVOLVED:	
LOCATION:	
SIGNATURE:	

ABC PLUS ADMINISTRATIVE USE ONLY:

DATE OF INVESTIGATION:
PERSONS CONDUCTING INVESTIGATION:
FINDINGS:
ACTION TAKEN:

MAIL TO:

AMERICA'S BEST CARE PLUS, INC.
1825 EVERETT DRIVE W
FORT PAYNE, AL 35968