Conflict-Free Case Management (CFCM)
Grievance Form

Healthcentric Advisors
Advancing Healthcare Quality | Empowering People

Use this form to tell us about a problem with your case management services. You can also use it to share a concern or ask a question. This form is reviewed by a Healthcentric Advisors staff member who is not your case manager, so your grievance gets a fair, independent review.

1. Who is filling out this form?

◯ Person receiving services ☐ Parent ☐ Caregiver ☐ Other

If you are not the person receiving services, enter your full name:

How are you related to the person receiving services?

2. About the person receiving services

First and last name:

Home address (street, city, state, zip code):

Please provide the contact information of the person filling out this form

Mailing address (if different from above):

Phone number:

Email address:

Best time and way to reach you:

3. Case manager information

Case manager's name:

Case management agency:

Case manager's phone number:

Case manager's email address:

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4. What happened?

Tell us about the problem, concern, or issue. Please share as much detail as you can:

5. When did this happen?

Date this happened (or started): Most recent date this happened (if different):

◯ This happened one time ☐ This is still happening

6. Is another organization or company involved?

◯ Yes ☐ No

If yes, please tell us how they are involved:

Name of the organization or company:

Contact person (if known):

Phone number:

Email or address (if known):

7. Are other people involved?

List anyone else who was involved or who saw what happened - add their contact information if you know it:

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8. What results are you hoping for?

Tell us what you would like to happen next:

9. Is there anything else we should know?

Share any other information that may help us understand your grievance. **You may attached documents.**

Signature: Date:

How to send this form to us

Mail to: **Conflict-Free Case Manager**
Healthcentric Advisors
2374 Post Road, Suite 200
Warwick, RI 02886

Email to: **CFCM@healthcentricadvisors.org**

Please call us at **(800) 333-5768** if you have any questions.

Thank you. We will respond to you promptly after we receive your form.

FOR OFFICE USE ONLY

Grievance #: Received by: Date received:

Notes: