



Participant Grievance Form

ETS follows the grievance process according to the **Washington Administrative Code (WAC) 182-538-110** and the **42 Code of Federal Regulations (CFR) Part 438, Subpart F**. Here’s what this means for you:

- If you prefer to file a grievance in person, ETS staff can assist you.
- If you prefer to file a paper grievance, ETS staff can assist you.
- If you prefer to file a grievance verbally, ETS staff can assist you.
- If you need assistance in translating this form, ETS staff can assist you.
- During the grievance process, you are entitled to continue receiving authorized services without retaliation from staff.
- You will receive an acknowledgement by mail or in person related to your grievance. If you require special accommodations for receiving mail, please arrange this with ETS staff.
- ETS will resolve your grievance and provide you with a “notice of resolution” letter within 45 days from the date the grievance was reported. We cannot guarantee a specific resolution.
- You may include any necessary support systems during the grievance process (family, BH ombuds, etc..).
- Your clinical records related to the grievance are available for you to review, free of charge. If this is required, please notify ETS staff as soon as possible.

If you wish to file a paper grievance, please complete this form and return it to an ETS staff member. For more information on the grievance process, or if you wish to fill out this form online, go to: evergreentreatment.org/grievances

Participant name: _____

Patient/Client ID: _____

Date of incident: _____

Department/Program involved: _____

Please describe the nature of the incident:

Please explain how your grievance could be resolved:

For additional comments, please use the back of this form.

Acknowledgement

Participant Signature

Date

Staff Signature

Date

FOR STAFF USE ONLY

Routed to:

Routed by:

Date Routed:

Received by:

Date Received:

Notes/Comments