ALPS Adult Day Services

Grievance Policy Agreement

participant name:	start date:
our participants, and their families. If, in satisfactory, we want to know. We encourage	committed to providing the highest quality of care to the event any aspect of our care has been less than age the family or the participant to tell us if he, she, or ave a complaint or concern, please call (423) 587-9149.
If in the event you have a complaint, is Supervisor; you may also communicate dire	Inform the Family Services Coordinator or Clinical ectly to the Executive Director.
A verbal response will occur within 24 hour	rs. A written response is available upon request.
•	Adult Care Food Program (CACFP) program or Civil all be provided to the complainant and to the Tennessee
•	you may communicate directly with the ALPS Board of ogram Services Committee. These names will be made a this process.
	funding, if you observe the Executive Director or any ou consider to be illegal, improper, or wasteful, please otline: 1-800-232-5454.
*****	*****
I have read, understood, o	and agreed to the above ALPS policy:
caregiver name (printed):	date:
caregiver signature:	date: