

**ACKNOWLEDGMENT and RESOLUTION of a GRIEVANCE**

**Date**

**Individual's name**

**Individual's address 1**

**Individual's address 2**

- Grievance Acknowledgement: Any expression of dissatisfaction by an individual with BHO related services. Grievances are reported without regard to the ease of resolution.
- Grievance Resolution:

This letter acknowledges that [agency name] received your Grievance regarding the issues described in this letter. The location of this Grievance was within the **Thurston Mason Behavioral Health Organization (TMBHO)** region. The official date that this notification was received was [date.]

This grievance was summarized as follows:

**[Nature of grievance; how did the writer become aware of the grievance?]**

The grievance can be summarized as follows:

**1. [itemized summary of grievance]**

These issues will be investigated to the fullest extent possible by [agency]. The consumer has provided information here regarding what they would like to see in order to have this issue resolved. Per the consumer, in order to resolve this Grievance, the following questions / items will be answered and addressed:

**1. [itemized proposed resolutions per consumer.]**

This grievance has been classified in one or more of the following categories:

<input type="checkbox"/> Access to Inpatient	<input type="checkbox"/> Service – Intensity	<input type="checkbox"/> Physicians & Medications	<input type="checkbox"/> Housing
<input type="checkbox"/> Access to Outpatient	<input type="checkbox"/> Service – Not Available	<input type="checkbox"/> Other Rights Violations	<input type="checkbox"/> Residential
<input type="checkbox"/> Dignity and Respect	<input type="checkbox"/> Service – Coordination	<input type="checkbox"/> Financial & Admin Services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Quality/ Appropriateness	<input type="checkbox"/> Participation in Treatment/Ct. Voice	<input type="checkbox"/> Violation of Confidentiality	<input type="checkbox"/> Emergency Services
<input type="checkbox"/> Phone calls not returned	<input type="checkbox"/> Other (describe):		

You have the right to continue services until such time as [agency] makes a formal decision. This grievance in no way affects your ability to received services at [agency]. You also have the right to file this Grievance with the BHO directly. If you elect to have the BHO investigate this Grievance, please note that [agency] will stop investigating and wait for the BHO to issue its resolution.



If you are filing a grievance with the BHO, you must first receive a Notice of Resolution from the BHO before requesting a State Administrative Hearing. This is considered “Exhausting all available options” and must be done prior to entering into the Administrative Hearing process.

**[Agency]** has ninety (90) days to resolve the above Grievance, however it will strive to investigate and resolve the issue(s) much sooner. If an extension is needed, **[agency]** will request such in writing and will be mutually agreed upon by all parties. Extensions can only be for ninety (90) days or less. This Grievance will be investigated and the resolution, or conclusion, will be mailed to you within the required time frame.

**RESOLUTION OF THE GRIEVANCE**

The Grievance that you submitted on [date of grievance] has been researched and a resolution has been determined as of **[date of resolution]**. This decision was made by a qualified mental health professional (MHP), or by a designee under the supervision of an MHP, with appropriate clinical expertise. No one reviewing this Grievance has been previously involved in any other level of review or decision-making regarding the disputed issue(s).

**Investigation** (the following activities were conducted in order resolve this Grievance):

**Resolution / Conclusion** (the following describes the resolution that was reached after the investigation):

1) [Itemized resolution(s) to grievance]:

<input type="checkbox"/> Information and Referral Only	<input type="checkbox"/> Conciliation/Mediation by <b>[agency]</b> and/or Ombuds	<input type="checkbox"/> Not Pursued (by consumer)
<input type="checkbox"/> Not Pursued (by Ombuds)	<input type="checkbox"/> Not Pursued (by TMBHO)	<input type="checkbox"/> Appeal
<input type="checkbox"/> Other (describe):		

**Recommendations and Instructions (if applicable):** (This space is intended to provide further guidance for consumers. In some circumstances, this may include recommendations for the agency):

Based on WAC 246-341-0654 and 42 CFR 431 if you are not satisfied with the resolution described above, you have the right to file a grievance with the BHO in your service area. For Thurston Mason Behavioral Health Organization (TMBHO) the contact information is below:

TMBHO  
TMBHO Ombuds  
612 Woodland Square Loop SE  
Ste 401  
Lacey, WA 98503 (360) 763-5793 or 800-658-4105  
[ombuds@tmbho.org](mailto:ombuds@tmbho.org)

Please note: This Grievance is considered a “Level One” Grievance. A “Level Two” Grievance is an action that you file with the BHO in your service area. An individual may begin a Level Two Grievance by



contacting the BHO Ombuds listed above. An individual **may not** request an Administrative Hearing regarding a Grievance without first filing a Grievance with a BHO.

You should not be subjected to any retaliation because you filed a Grievance. If you feel that there has been any retaliation, have any further questions or need assistance, you may contact the TMBHO Ombuds Services at (360) 754-2982 or (800) 658-4105 for assistance. You may also contact Alternative language and communication services are available upon request.

Sincerely,