Wake County, North Carolina
referral@wellspringintervention.com
Licensed under 10A NCAC 27G .1700

Grievance / Complaint Form

For children, families, staff, and community members

Form ID: WSI-F20

Any child, family member, guardian, or staff member may file a grievance without fear of retaliation.

GRIEVANT INFORMATION

Name: _____ **Role:** _____

Role:

- ■ Child / resident
- ■ Parent / guardian
- ■ Family member
- ■ Staff member
- ■ External provider
- ■ Other

GRIEVANCE DETAILS

Date of incident: _____ **Location:** _____

Nature of grievance:

- ■ Treatment / care concern
- ■ Staff conduct
- ■ Facility / environment
- ■ Medication issue
- ■ Safety concern
- ■ Rights violation
- ■ Discrimination
- ■ Financial / billing
- ■ Other

GRIEVANCE DESCRIPTION

Describe what happened:

What resolution are you seeking?

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EXTERNAL RESOURCES (IF GRIEVANT WISHES TO ESCALATE)

Organization	Phone	Website
Alliance Health Member Services	1-800-510-9132	alliancehealthplan.org
NC DHHS Division of Social Services	1-919-527-6335	ncdhhs.gov
Disability Rights NC	1-877-235-4210	disabilityrightsnc.org
NC DHSR Complaints	1-919-855-4500	ncdhhs.gov/providers/licensure

Grievant Signature	**Printed Name**	**Date**
QP / Director Review	**Printed Name**	**Date**