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Grievance Form
(Wellness Matters Grievance Policy – Attachment A)

This Grievance Form must be received within 30 calendar days of the incident that you are grieving.

Clients of Wellness Matters are encouraged to understand and exercise their rights as patients and citizens under the Minnesota Patient Bill of Rights. Clients may voice grievances and recommend changes to practitioners regarding policies and services free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.

The Minnesota Patient Bill of Rights includes the following patient rights. Please circle which right(s) you feel was violated by Wellness Matters staff:

- Information about rights Courteous Treatment Appropriate Health Care
- Information about Treatment Responsive Services Personal Privacy
- Continuity of Care Right to Refuse Care Treatment Privacy
- Confidentiality of Records Right to Refuse Experimental Research
- Disclosure of Services Available Participation in Planning Treatment
- Freedom from the Infliction of Physical Pain or Injury
- Freedom from a Course of Conduct Intended to Produce Mental or Emotional Distress

Name of staff member you are filing a complaint against: _____

Name of person who was harmed: _____

Date of Incident: _____ Location of Incident: _____

On the next page, please state in sufficient detail all the facts that relate to the complaint. Include relevant names, dates, times, places, and documents supporting your complaint. Use additional sheets if necessary.

Please complete this form and mail to: Wellness Matters LLC, P.O. Box 957, Park Rapids, MN 56470.

If an informal resolution is not achieved, the grievance will be formally investigated. Formal investigations will be completed within 30 calendar days of the date the grievance was filed.

