



Persons Served Complaint & Grievance Form

Directions: Our records reflect that we reviewed the Complaint, & Grievance policy during your orientation meeting. For your convenience, we have attached the policy to this document also. Please complete this form as thoroughly as possible to fully describe your complaint or grievance. WIN Team Staff can support you, if needed. Anticipate a written response within 30 days.

WIN Team Contact Person	
Psychiatric Rehabilitation Program Tracey Drummond, Corporate Compliance Officer 443-423-0333/4 or tdrummond@winteamprp.com	New Beginnings Substance Abuse Counseling Program Dawn James, Corporate Compliance Officer 443-423-0333/4 or djames@winteamprp.com

Client Name	Medical Assistance#	Date of Birth
Date of Complaint	Time of Complaint	
WIN Team Staff Involved		

Description of Incident (Attach additional page as needed):

Desired Resolution:

Is support with completing this form needed? YES NO

List other individuals you want to include to support your position:

Do you have supporting documentation that validates the substance of the complaint and actions taken?

YES (Please attach) NO

Would you like WIN's Core Service Agency (CSA) to review your complaint and WIN's determination?

YES NO

WIN's Follow-Up Determination Anticipated Date: _____

Persons Served Printed Name

WIN Team Representative Printed Name

Persons Served Signature

WIN Team Representative Signature

Date

Date

Cecil/Harford Office
7 Pleasant View Church Road
Port Deposit, MD 21904
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