



180 Emery Hwy.
Macon, GA 31217
Phone: 478-646-0612
Fax: 478-464-0002

Filing a grievance

All clients of COMPASS Cares or Health District 5-2 have the right to file a formal, written complaint, protest, charge or objection. It is our intention to allow clients who wish to submit a grievance, the opportunity to express their concerns and receive response to their grievance in a timely manner.

The person/persons receiving the complaint, protest, charge or objections will document the complainant's name address, telephone number and nature of the complaint, protest, charge or objection in detail OR the client will be given a grievance form to complete and then submit the grievance to the clinic.

The complaint, protest, charge or objection will be directed in the following order:

1. COMPASS Cares Nurse Manager
2. COMPASS Cares Director
3. District Director of Nursing & Clinical Services
4. District Health Director

The person/persons receiving the information will inform the appropriate department staff who will be charged with the responsibility of investigating the complaint, protest, charge or objection.

The appropriate staff person/persons will document the events of the investigation and corrective action/actions and/or solution to the complaint, protest, charge or objection within seventy-two (72) hours.

Issues that require disciplinary personal action will be handled according to Georgia state personnel policies and procedures. The decision of the District V, Unit II Health Director shall be final and remain confidential as permitted under Georgia law. No discussion of the events or the persons involved shall be public by any party as to the cause of the conflict or the solution reached.



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Grievance Form

Person Making Complaint Name: _____

Address: _____

Phone: () _____ - _____ What is a good time to reach you: _____

Complaint received by: _____
(Name) (Title) (Date)

Nature of Complaint

Date of Complaint: _____

Time of Complaint: _____

Department Involved: _____

Staff Involved (Name/Title): _____

Describe problem or reason for Complaint:

Please complete the form and return to the clinic via mail or submit to the front office.