# Wellpath
## Patient Medical, Dental, and Mental Health Grievance & Appeal Form

<table>
<thead>
<tr>
<th>Facility:</th>
<th>Housing Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First Name:</td>
<td>ID#:</td>
</tr>
<tr>
<td>Patient Last Name:</td>
<td>Date of Birth:</td>
</tr>
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### Check all that applies:
- Have you submitted a sick slip about the issue described?  
  - Yes ☐  
  - No ☐
- Have you attended Staff Access?  
  - Yes ☐  
  - No ☐
- Have you spoken to the HSA or DON?  
  - Yes ☐  
  - No ☐

### Please read the following carefully:

**Step 1:** Completed medical, dental and mental health grievance forms may be submitted directly to the Health Services Administrator (HSA), DON, or institution protocol. In special management units, forms may be handed to rounding healthcare staff.

**Step 2:** You may appeal the grievance decision as follows:
- An appeal must be filed within 10 business days from the grievance decision receipt.
- The appeal must be filed directly to the Wellpath Grievance and Appeal Coordinator, by sending it to:
  - Wellpath
  - 16 Chestnut Street
  - Suite 250
  - Foxborough, MA 02035
  - Attn: Grievance and Appeal Coordinator

The decision of the wellpath Grievance and Appeal Coordinator is final.

### Summary of Complaint (details must be described in this area - attach additional sheets if necessary):

| MEDICAL ☐ | DENTAL ☐ | MENTAL HEALTH ☐ |

### Remedy Requested (must be detailed in this area - attach additional sheets if necessary):

### Patient Signature:

<table>
<thead>
<tr>
<th>Date:</th>
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### Healthcare Staff ONLY:

<table>
<thead>
<tr>
<th>Date Received:</th>
<th>Staff Recipient:</th>
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Revised 01/2019
Grievance Directions

- The Patient Medical, Dental and Mental Health Grievance and Appeal Form must be used. All grievances must be legible and filled out in its entirety. Grievances shall be submitted by the individual patient expressing a complaint or an issue. The grievance and appeals process is not to be used for obtaining routine medical, dental, mental health, or emergency care.
- A formal grievance must be filled out: within 10 business days of the incident/situation, within 10 business days of the patient becoming aware of the incident/situation, or within 10 business days or when the patient receives a response to an informal complaint. Whenever a grievance is returned for “follow-up,” the patient shall have an additional 3 business days from the date of receipt to resubmit the grievance with the additional information requested. If the grievance is not resubmitted, it will be interpreted that the grievance has been withdrawn.
- When additional time is needed the patient will receive written notification.

Appeal Directions

An appeal must be submitted within 10 business days of receipt of the grievance decision. The appeal must be submitted to the Wellpath address listed above. "Should the appeal be returned, the patient will have 3 business days from the date of receipt to resubmit the appeal with the additional information requested. If the appeal is not resubmitted, it will be interpreted as withdrawn. The patient will receive a response within 30 business days, should additional time be needed, the patient will receive written notification. The appeal decision is final.

1. Abuse of Grievance and Appeals Process

Abuse of the grievance process may result in disciplinary action per Wellpath policy 12.00

Limitations Regarding the Following Requests/Remedies include:
- Any type of compensation
- Change of medical, dental, or mental health staff
- Involvement in the disciplinary process concerning staff or patient
- Access to or copies of Wellpath policies and procedures
- Complaints not related to medical, dental, or mental health services
- Any DOC related issues
- Reversing court orders