Recovery Works Grievance Form

Purpose: Recovery Works is determined to consistently uphold the values and integrity of the program. This grievance form has been created to assist in documenting complaints and grievances **directly related to the Recovery Works program's Policies and Procedures**. This form must be completed in its entirety. Recovery Works cannot properly investigate claims without having all contact information of individuals involved. We will not process incomplete forms or forms in which individuals wish to remain anonymous. All completed forms must be emailed to Recovery.Works@fssa.in.gov

Process: Recovery Works will begin its investigation within three (3) business days of receiving a completed grievance form. Recovery Works will contact all parties involved as part of our investigation, including the complainant. If further corrective action is necessary, we will work with the provider (partner) to facilitate such action. All parties will receive a formal response regarding the resolution of the investigation. The specifics of the investigation and any corrective action will not be given to individuals outside of the provider (partner) organization.

Recovery Works encourages all parties to attempt to resolve issues with providers and criminal justice partners first prior to reaching out to Recovery Works (when appropriate). All criminal matters should be reported to your local law enforcement agency.

For complaints related to other programs, providers or funding under the Division of Mental Health and Addiction please call the 24-hour Consumer Service Line 800-901-1133.

DATE:	
Reporting Person(s):	
Email:	**Phone:**
Relationship to participant(s):	
Participant Name:	
Email(s):	**Phone(s):**

Agency/Partner Reporting On:	
Address:	
Phone number:	**Email:**

What actions or resources have you already exhausted to address this issue?

What is your concern? (Please include details such as dates, times, persons involved etc. If additional space is necessary, please attach in Word document.