

GT Independence

Formal Grievance Form

GT Independence is committed to providing excellence in customer service. Before engaging in the formal grievance process, we highly encourage you to communicate directly with those involved in attempt to resolve the situation in the quickest manner possible.

<p>Instructions: If you are unsatisfied with your experience with GT Independence, you (or someone on your behalf) may use this form to file a grievance. The complaint will be reviewed and an investigation may be conducted. Keep a copy for your records and send the original to the GT Independence - Chief Executive Officer, 215 Broadus St, Sturgis, MI 49091. You will receive a receipt verification letter within five business days. You will then be contacted by the compliance department for further information if necessary. A summary of the actions taken and final results will be sent within 10 business days.</p>		
Complainant Name:	Person Completing Form (if other than complainant):	
Complainant Address:	Person completing form's relationship to consumer:	
Complainant Phone Number:	Person Completing Form Phone Number:	
Complainant Relationship to GT Independence, check one:		
<input type="checkbox"/> Consumer/Recipient <input type="checkbox"/> Employee <input type="checkbox"/> Representative/Guardian <input type="checkbox"/> Agency Employee <input type="checkbox"/> Other: _____		
Where and when did the situation occur?		
Describe what happened:		
What has been done, if anything, to resolve your concerns?		
What would you like to have happened in order to correct the situation?		
Complainant Signature:	Date:	Signature of person assisting customer:
OFFICE USE ONLY:		
Received By: _____ Date: _____ Date Verification Receipt Sent: _____ (Must be within 5 business days)		
Summary Report Completed By: _____ Date Sent to Consumer: _____ (Must be within 10 business days)		
Appeal Received By: _____ Date: _____ Date Verification Receipt Sent: _____ (Must be within 5 business days)		
Summary Report Completed By: _____ Date Sent to Consumer: _____ (Must be within 30 calendar days)		