Grievance Form

You have the right to file a complaint with about MI Rehab Solutions practices, policies and/or procedures as outlined in this handbook. To exercise this right, please complete and submit a grievance through any of the following methods:

- Submit online: https://forms.office.com/r/ipKCxTufQp
- Email: Sarah@MIRehabSolutions.com,
- Mail: PO Box 328, Comstock Park, MI 49321
- Fax: 616.431.5361
- Drop off: MI Rehab Solutions Office: 1100 4 Mile Rd Suite C, Grand Rapids, MI 49544

Client Information

Client Name:	
Parent / Guardian Name: (if applicable)	
Address:	
Telephone:	
Email:	

Grievance Information
Please provide a detailed description of the concern/grievance.

Resolution
Please tell us what resolution you are seeking for this concern/grievance.

Client Signature:	
Parent/Guardian Signature: (if applicable)	
Date:	

MI Rehab Solutions will provide a written resolution to this grievance within 5 business days.

If you need any assistance, please contact MI Rehab Solutions at (616) 431-5360.

MI Rehab Solutions Receipt / Response	
Director Name / Signature:	
Response:	
Date Received:	