RIVERSIDE RECOVERY CENTER

PATIENT GRIEVANCE

Name: _____ Date: _____/_____/_____

Issue: _____

_____

Using as much detail as possible, please answer the following:
Note: please focus on facts and refrain from personal accusations and use of profanity.

What event or events led to the current circumstance(s)? _____

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What do you believe our agency could have done to help prevent the current circumstance? _____

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