

National Alliance of Methadone Advocates

CONFIDENTIAL

Grievance/Compliment Report

All information that is provided will be held strictly confidential in the same manner as the patient protections described in the U.S. Federal Confidentiality Regulations 42 CFR and the Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) as established by the Department of Health and Human Services (HHS) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In order to assist you at the maximum level of follow-up and outcome, we do request certain personal information below. However, if you do not want us to disclose your name for any reason, we will honor your wishes.

Information on Person Filing Report Date Filed: _____

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Other Phone: _____ Email: _____

If we contact the clinic or agency do you want to be informed of the results? (If by mail please include a self-addressed envelope.) Yes _____ No _____

Information About Agency Under Report

Name of Clinic/Agency: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Name/Title of Person to Contact: _____

Type of Program/Agency, Check Only One:

Program Supportive Services (i.e. vocational homeless shelter)

State Agency Other _____

(i.e. local law enforcement, probation/parole officer, hospital).

Information About Incident

Category of Incident Choose One Below: Date of Incident: _____

<input type="checkbox"/> Threat of Termination/Discharge	<input type="checkbox"/> Dosage Policies
<input type="checkbox"/> Urine Testing Procedures	<input type="checkbox"/> Punitive Staff
<input type="checkbox"/> Medication Hours or Schedule	<input type="checkbox"/> Pick-up Schedule Problems
<input type="checkbox"/> Unfair or Exorbitant Cost of Treatment	<input type="checkbox"/> Other, describe: _____

Please Describe Incident in a Concise Way.

By filing an Grievance/Compliment Report you are helping NAMA keep track of programs and how they are operating. If you need help you should contact NAMA immediately at (212) 595-6262. NAMA does investigate all Grievance/Compliment Reports and discusses patterns of Grievances with regulatory agencies and professional organizations.

Policies that are beneficial or incidents that were managed well by a program may also be reported. These reports will be used to demonstrate alternative policies that can be used by programs and to commend the program that has developed and used them.

Please complete and mail to: Claude Hopkins, Grievance Coordinator
Email: ch.grievance@methadone.org
National Alliance of Methadone Advocates
435 Second Avenue
New York, NY 10010
Phone/Fax: (212) 595-nama

Together, we can make a difference.

NAMA Information **Investigator:** _____
Print Name

Date Received:

Date Completed: **Report Yes** ___ **No** ___ **Initial Upon Completion** _____

Comments: